

PUERTO RICAN YOUNG WOMEN'S SUBSTANCE ABUSE: A QUALITATIVE
STUDY OF YOUNG FEMALE COCAINE AND HEROIN DRUG USERS
AGES 18 TO 35 FROM SAN JUAN METROPOLITAN AREA

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by

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ABSTRACT

PUERTO RICAN YOUNG WOMEN'S SUBSTANCE ABUSE: A QUALITATIVE STUDY OF YOUNG FEMALE COCAINE AND HEROIN DRUG USERS AGES 18 TO 35 FROM SAN JUAN METROPOLITAN AREA

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The purpose of this qualitative study was to obtain a deeper understanding of Puerto Rican women between the ages of 18 – 35 with a cocaine and heroin problem. This study was designed to identify and describe common issues (specific problems, and personal/ social characteristics, factors contributing to drug use) in the lives of these young women, their backgrounds, and life experiences, and to examine the social problems that these young women face as a result of their involvement with cocaine and heroin.

Literature on drug use reveals that females are especially vulnerable to the physical and social consequences of drugs dependence and abuse. General health

consequences of drug use in women are poor nutrition, low-self esteem, depression and physical abuse. In Puerto Rico, female drug users were studied in the context of HIV risk and prostitution activities. Some important research findings related to prostitution and drugs were: in comparison to New York, in Puerto Rico gender was significantly associated with gallery drug use and female paid sex (Andia, Bearsley, & Cant, 2000). It is quite common to find that females over 25, who are working in the sex trade describe themselves as addicted to drugs (Alegría, et al.,1994). Cocaine and heroin were ordinarily used drugs among this population (Hansen, López- Iftikhar, & Alegría, 2002).

Specifically, the study employed a grounded theory methodology in which fifteen formerly cocaine and/or heroine drug users were interviewed. The method of constant comparative analysis was used to analyze the interview transcripts. The grounded theory derived from this analysis was expressed in the form of the following congruencies about the life of the participants. The congruencies were:

1. Dysfunctional family of origin.
2. The majority of the participants came from communities in which there were complex problems, few opportunities, and a high exposure to drugs.
3. Drug-using friends and/or sexual/romantic partners.
4. Developing a criminal life linked to addiction.
5. Poor governmental support for attacking the drug addiction problem.
6. Hispanic cultural values positively and negatively affect the rehabilitation of the women [in the study].

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CHAPTER 1

INTRODUCTION

1.1 The Use of Illicit Drugs

"Drugs destroy lives and communities, undermine sustainable human development and generate crime. Drugs affect all sectors of society in all countries; in particular, drug abuse affects the freedom and development of young people, the world's most vulnerable asset. Drugs are a grave threat to the health and well-being of all mankind [...]"

(United Nations, 1998, p.3)

The use of illicit drugs, such as heroin and cocaine, has traditionally been associated with males. Nevertheless, drug use by females has become more widespread in the United States and Puerto Rico (Centers for Disease Control & Prevention, 2002; Department of Health and Human Services, 2000; Department of Health and Human Services, 2003 a.; Department of Health and Human Services, 2003 c; National Center on Addiction and Substance Abuse at Columbia University, 2003; Sterk & Elifson, 1995; Isralowitz, 2002). "Drug use is a complex behavior that can be understood only when studied in the larger socio-cultural context in which it occurs," (Sterk & Elifson 1995, p.71). A considerable amount of the existing contemporary knowledge regarding drug use is derived from large-scale quantitative studies such as the National Household

Survey of Drug Abuse. This and similar epidemiological studies provide information on drug use, prevalence, and incidence, but do not explain trends. Besides, from a methodological perspective, female drug users are more “conspicuous” than male drug users (Alegria, et al., 1995). Also, their life experiences are different. The females extensive drug use, the importance of considering the socio-cultural context to understand drug use behavior and the necessity of explaining drugs use trends call for a research qualitative approach. In regards to Puerto Rican female drug-users, little research exists (Alegria, et al., 1998). This study is a qualitative inquiry, with the goal to obtain a deeper understanding of the life of young Puerto Rican women, within the ages of 18-35, who are cocaine and heroin users.

1.1.1 Substance Abuse Around the World

The magnitude of international drug abuse is alarming. In 2000, the World Health Organization (WHO) (2003) ranked alcohol, tobacco, and illicit drug use among the top 10 leading risk factors for disease in developed countries. Alcohol and tobacco rank among the top 5 leading risk factors worldwide.

The World Health Organization reports that 76.3 million people have been diagnosed with alcohol use disorders, and at least 15.3 million people have been diagnosed with drug use disorders. Likewise, the WHO reports that 136 countries reported drug use by injection, while 93 countries link this problem to HIV. The United Nations Office on Drugs and Crime (2003) estimates that about 200 million people consume illicit drugs (163 million for cannabis, 34 million for amphetamines, 15 million for opiates - including 10 million for heroin, 14 million for cocaine, and 8

million for ecstasy). Generally, the drug problem continues to extend geographically as more countries report an increase rather than a decrease in substance abuse (United Nations Office on Drugs & Crime, 2003). In 2003, the strongest increase in the level of abuse was for cannabis, followed by amphetamine-type (amphetamine, methamphetamine, and ecstasy) stimulants.

Lastly, opium/ heroin abuse decreased during 2001 in East Asia, Oceania and Western Europe. However, an increase was reported in countries along the Afghan heroin trafficking route to Russia and Europe. Cocaine abuse continues to increase in Western Europe and South America. In contrast, cocaine abuse was stable in North America and actually decreased among United States high- school students during 2001.

1.1.2 Drugs in the United States

Drug-related crimes and violence have reached epidemic proportions in many cities of the United States. The problem has been greatly exacerbated by the introduction and rapid spread of highly addictive forms of drugs, such as cocaine (Bagley, 1988). In 1995, the total estimated cost of consequences of illegal drug use increased to \$126.5 billion (Office of National Drug Control Policy, 2002). The Office of National Drug Control Policy (2002) found that drugs cost the country's economy between 1992 -1998 around \$98.5 billion in lost earnings, \$12.9 billion in health care expenses, and \$32.1 billion in other expenses- including social welfare and the cost of goods and services lost to crime. Crime-related expenses account for \$88.9 billion (62%) of the 1998 total (including goods and services lost to crime, property damage,

work hours missed by crime victims and those incarcerated, and criminal justice system expenses). Also, this office made cost projections for 1999 and 2000 of \$152.7 billion and \$160.8 billion, respectively. Principal contributors to the social cost increase may be the rise of cocaine use, the HIV epidemic, an increase in state and federal incarcerations for drug offenses, and an increase in crimes attributed to drugs (Gray, 2001).

The National Institute of Drug Abuse (NIDA) - U.S. Department of Health and Human Services periodically conducts a study known as the National Household Survey of Drug Abuse. This study explores the frequency of drug use and related factors. In 2005, the National Survey on Drug use and Health revealed that in the United States approximately 19.7 million Americans ages 12 or older use illicit drugs. (Department of Health and Human Services, 2006). Also, this study reveals that marijuana is the most common illicit drug used in the United States (by 14.6 million people). The non-medical use of prescription drugs (6.4 million) was the drug category with the largest number of new users in the last year prior. Of those participating in non-medical use of prescription drugs, an estimated 4.7 million use narcotic pain relievers, 1.8 million use anti- anxiety medications, 1.1 million use stimulants, and 272,000 use sedatives. Regarding other types of drugs, 2.4 million Americans used cocaine (including who used crack), 1.1 million used hallucinogens (including 502,000 who used ecstasy), and 108,000 had used heroin for the first time. The survey also found that 55 million people participate in binge-drinking and 16 million are considered heavy drinkers. An estimated 3.9 percent of pregnant women-- aged 15 to

44-- reportedly used illicit drugs during the month prior to the National Survey on Drug use and Health interview (Department of Health and Human Services, 2006). Finally, illicit drug use is highest among young adults between 18 to 25 years old, which represents 20.1 percent of drug users in the United States.

Rates of current illicit drug use varied significantly among the major racial groups. The rate was highest among people reporting two or more races (12.8 percent). 7.6 percent of Hispanics were current illicit drugs users.

Moreover, the National Household Survey of Drug Abuse points to the fact that over 94 percent of people with a substance abuse problem did not receive treatment and many reported they did not need treatment. The most commonly abused substance among Hispanic women were opiates (34 percent), alcohol (26 percent) and cocaine (16 percent) (Department of Health and Human Services, 2002 b.).

1.2 Puerto Rico

To explore and understand the life experiences related to drug use in young women, it is important to comprehend the social context in which this action takes place. The following sections will address Puerto Rican culture and its relation to the United States, the social condition of Puerto Rico, and drug trade in the Island.

1.2.1 Puerto Rican Culture and its Relation to the United States

Puerto Rico is a Caribbean island, with a population of 3,808,610 (Junta de Planificación, 2001), of which over 50 percent (51.9%) are women. Christopher Columbus discovered Puerto Rico during his second voyage, in 1493. It was the main stronghold of the Spanish Empire in the Caribbean during the first years of the colonization of the Americas, and remained a Spanish colony for the next 400 years (Dietz, 2003). Puerto Ricans are product of a "cultural and racial blend" of "Taíno" Indians, Spaniards and Africans.

Puerto Rico became U.S. territory during the Spanish-American War in 1898. In 1917, the Island's inhabitants became citizens of the United States of America. Just as in other dependent territories (U.S. Virgin Islands, Guam, or American Samoa) the President of the United States was the head of the state in Puerto Rico (Darrell, 1998). "In political circles, Puerto Rico was often recognized as a showcase for Latin America" (Maldonado- Denis, 1969, p. 360). In 1952, the Constitution was enacted and Puerto Rico became a commonwealth of the United States. This political status allowed for internal self-government.

During the early 1950s, an extensive program to promote industrialization began. This program was known as Operation Bootstrap. It provided United States companies with incentives to locate in Puerto Rico. "Operation Bootstrap was the first Third World exported-industrialization development program, and it was used as a blue print for similar programs throughout the world" (Rivera-Batiz & Santiago, 1996, p. 26).

Even though the United States' political and economic power had increased during this period, the government of Puerto Rico promoted a culture policy which conceived Puerto Rican-ness apart from the political and economic issues (Kennerly, 2003). This policy approach provided a space to safeguard Puerto Rican identity values.

According to the 2000 Census, 96 per cent of the Puerto Rican population, considered themselves as Puerto Rican. But Puerto Ricans living in the Commonwealth saw themselves as people living in a not-sovereign independent state (Pimentel, 2003). Morris (1995) researched the connections between culture, politics, and Puerto Rican identity and found a consensus among Puerto Ricans of all political parties. They view Puerto Rico as a distinct people or nation with unique cultural traits. Morris also found that "far from destroying Puerto Rico's national identity, the import of U.S. culture has strengthened the sense of Puerto Rican-ness by providing a counter example of what Puerto Rican-ness is not" (Morris, 1995, p.152).

Puerto Ricans prefer their flag and their Latin culture (Barrionuevo, 1998). Spanish is the principal language of the Commonwealth (less than a quarter of the population is bilingual in English and Spanish). Likewise, the 2000 Census revealed that Roman Catholicism continues as the main religion (85 %).

Puerto Rico shares values with other Hispanic cultures, such as "familism"(which instills the importance of unity in the family and extended family), "respeto"(respect for adults), Catholicism, "espiritismo" and "santería" (religious magic and folk healing practices), "machismo" (the male is the most powerful family figure), and "marianismo" (females are socialized to be modest, sexually ingenuous, respectful,

and subservient to men) (Comas-Diaz, 1985; Juarbe, 1998). Moreover, it is a fact that the actual political – economic relations of the United States to Puerto Rico promote a clash between Puerto Rican Hispanic culture and American cultural values.

The information presented in this section demonstrates that Puerto Rican identity is not fully related to political status or political preference. In lieu of that, Puerto Rican females are Latinas with a strong American influence.

1.2.2 Puerto Rico's Social Condition

According to the Census of 2000, 44.6 percent of families in Puerto Rico live below poverty level. Approximately sixty percent of these are female-headed households and the median age among residents is 32.1. The principal problems identified by Puerto Ricans were economic, social disparities, public health, violence, criminality, and drug dependence (Estudios Técnicos, Fundación Angel Ramos, Fundación Chana Goldstain & Samuel Levis, 2002). Kids Count/ PRB reported on Census 2000 (2003) that between 1990 and 2000, the share of families with children headed by women increased in Puerto Rico. The percentage of female-headed families with children was highest in the urban areas, predominantly San Juan (41 percent). Furthermore, seventy-one percent of female-headed families with children are living in poverty. Mather (2003) reported that Puerto Rico's child-poverty is more than 3 times higher than child-poverty in the United States. Also, the National Campaign to Prevent Teen Pregnancy (Teen Pregnancy Organization, 2003), reports that, in 2001, the birth rates per thousand in Puerto Rico were 68 for girls 15-19 years old, 46 for girls 15-17 years old, and 100 for female youths 18-19 years old. These rates are alarming when

compared to the national rates for the same year. Thus, these high pregnancy rates in youthful females continue to perpetuate the cycle of female poverty in Puerto Rico.

In regard to other problems, on one hand, 17,770 incidents of domestic violence were reported in Puerto Rico in 2001. Some 15,615 of these were attacks against females (Policía de Puerto Rico, n.d.). On the other hand, Canino, Shrout, Bravo, Stolberg, & Bird (1987), conducted a probability (n=1551) study in Puerto Rico for depression levels. After controlling for demographic, health, marital status and employment status, they found that depression symptoms were significantly more prevalent in females than males. In addition to poverty, teen pregnancy, serious conditions in reproductive health, violence, and depression symptoms, Puerto Rican women confront other challenges. These include the lack of studies on their development, and the lack of knowledge on drug user's life experiences (Alegria, et al., 1998).

1.2.3 Drugs Trade Availability in Puerto Rico

Evidence shows that- in contrast to the US- cocaine is the most commonly abused drug in Puerto Rico, both in its powdered form and as crack. This dissimilarity may be related to drug availability. High availability increases the probability of drug use in a given population. The next section presents a general picture of drug availability and trade in Puerto Rico with the purpose of demonstrating the high level of drug hazard for Puerto Rican young females.

Due to its geographic location, and its relation to the United States, Puerto Rico is a major point of entry in the Caribbean for cocaine on its way to the continental United States (Office of National Drug Control Policy, 2003 c). Reports from the

National Drug Intelligence Center (2003) state that cocaine, heroin, and marijuana shipments are impounded regularly within and around Puerto Rico. During 1999 – 2002, the Drug Enforcement Administration reported impounding 22, 250.9 kilograms of cocaine, 306.4 kilograms of heroin, and 1,848 kilograms of marijuana.

According to the National Drug Intelligence Center (2003), during the second quarter of 2002, cocaine sold for \$12,500 - \$23,000 per kilogram, \$750.00 per ounce and \$5.00-\$20.00 (for personal use quantities). In addition, cocaine - crack sold for \$4.00 - \$10.00 per vial and \$5.00 - \$6.00 per rock. Likewise, heroin is also a significant drug threat in Puerto Rico. The Office of National Drug Control Policy indicates that the heroin problem is largely fueled by the availability of high purity, South American heroin. Injection is the most common method for the administration of this drug in Puerto Rico. In 2002, heroin sold for \$70,000 - \$90,000 per kilogram and \$5.00- \$12.00 for personal use quantity (National Drug Intelligence Center, 2003).

Furthermore, the Office of National Drug Control Policy reported that the financial impact on Puerto Rico's government in 1998 was \$900 million on substance-abuse related programs in areas of justice, education, health, child and family assistance, mental health, developmental disabilities, and public safety. This amount represents the 6.2 percent of the total expenditures of Puerto Rico.

Another important issue related to drugs in Puerto Rico is criminal activity. Statistics for criminal activities provide evidence that drug trafficking dynamics are becoming more violent every year in Puerto Rico. During 2001, 68.0 percent of Federal sentences were drug-related, compared with 41.2 percent of the US in general.

Concerning drug related offenses, 77.7 percent resulted from powder or crack cocaine offenses as compared with 42.5 percent all over the United States (The National Drug Intelligence Center, 2003). Furthermore, the number of drug-related homicides steadily increased until they numbered 992 in 1994. In 2000, an estimated 80 percent of all documented homicides in Puerto Rico were drug-related (US Department of Justice - DEA Congressional Testimony, 2000). As mentioned before, high exposure to drugs increases the possibility of female drug use.

Drug use in Puerto Rico

The Substance Abuse Needs Assessment Program -2002 Household Survey revealed that, in Puerto Rico, an estimated 69.3 percent of the population has used alcohol at some point in their lives and 14.2 percent has used other drugs including non-medical use of prescription and illicit drugs (Colón, Marrero, Robles, López, & Ramos, 2002). This survey also found that 3 percent of the population met the criteria for drug dependence and 1.2 percent for drug abuse. Of the individuals who met the criteria for drug dependence, 72.7 percent had not received treatment during the previous year.

Likewise, Colón, Robles, Cabassa & López (2001) indicate that an estimated 61.7 percent (13,977) of the inmates in Puerto Rico need services for substance abuse, primarily cocaine and heroin. The researchers found that women were almost twice as likely as male inmates to be in need of services due to cocaine and heroin disorders (63.0 percent vs. 34.9 percent due to cocaine and 52.0 percent vs. 35.3 percent due to heroin, respectively). Also, the "Administración de Corrección de Puerto Rico" (Correctional

Administration of Puerto Rico) reported to the "Oficina de Control de Drogas de Puerto Rico", that in 2001, 96.15 percent of incarcerated females were drug consumers; and that 16.7 percent of these women have a mental health disorder. (Oficina para el Control de Drogas de Puerto Rico, 2002).

1.2.4 Puerto Rico Drug Policy

The current Puerto Rico drug policy was designed to have a public health approach. The major goals of the current plan were to prevent youth drug use, to effectively control the problems and consequences of drug use, to stimulate research regarding demand control, and to increase citizens security via drug trade reduction. However, available information reveals that the government of the United States and the Commonwealth of Puerto Rico focus on reducing drug trafficking and concentrate a significant amount of resources in drug interdiction to reduce availability in local markets and prohibition, but did not stress with equal emphasis on reducing the young female's demand in local markets. In other words, they did not emphasize drug use prevention. The outcomes (statistics of drug trafficking, young female drug use/abuse, and treatment availability for women) suggest that the current anti-drug policy is an inadequate and inefficient policy for facing young women's drug problems. Finally, the Office for Drug Control of Puerto Rico (2002) recognized the following gaps in drug prevention and intervention efforts:

- 1) The majority of prevention programs cover a variety of ages and are not gender oriented.
- 2) The absence of programs, which focus in specific drug treatment.

3) The lack of effective mechanisms for evaluating results regarding risk and protective factors.

4) The lack of studies regarding the development of prevention strategies that takes into account the Puerto Rican (living in Puerto Rico) cultural characteristics.

In conclusion, Puerto Rican female youths between the ages of 18 - 35, who are drug users, needed institutional support for face their addiction. These females need more than adequate treatment, they also need opportunities for coping with their poverty, their exposure to HIV, and their cultural issues related to gender roles. The Puerto Rican 18 - 35 years old drug users need to feel supported, rather than criminalized to facilitate their rehabilitation. It is important that Federal and State governments consider the fact that when female youths between the ages of 18 - 35 are at risk, their children are also at risk.

1.3 Females and Drugs

The factors related to female drug use are closely related to the consequences of the drug use in women's lives. Both are important at the time of proposing changes in existing policies and intervention programs. Considering this fact, the next section presents the factors related to drug use among females, on one hand, and on the other hand, the consequences of drug use in women's lives.

1.3.1 Factors Related to Drug Use Among Females

Women constitute approximately 70% of the 1.2 billion people living in poverty throughout the world (United Nations, 2003). The feminine condition has been recognized as a phenomenon with economic, political and social dimensions. UNECE

(2003) stated that, "Much of domestic violence stems from the unstable economic and social situation, and is traceable to the rising frustrations from unemployment, poverty and social exclusion, pg.5". Also, there is evidence that economic, political, social and psychological dimensions are connected with female behavioral patterns. Richie (2000) found a relatively high rate of previous domestic or sexual violence in the history of women involved in illegal activities. This author argues that violence in some women's lives may contribute to their involvement in activities such as illegal drug use.

Traditional risks factors for drug users, such as poverty, unemployment, low educational achievement, minority status, traumatic life experiences, low self-esteem, drug availability, use of drugs by a friend or a family member and deficits in social competency are factors that contribute to drug use among females. Nonetheless, it is known that substance use during females' lives is also associated with physical or sexual abuse experiences, depression, negative attachment to family and having a person who supported their drug habits (Acoca, 1999; Centers for Disease Control and Prevention, 2002; Roberts & Phelan, 1998; Sterk, 1999; Latimer, 2002). Besides, according to the National Center on Addiction and Substance Abuse at Columbia University (2003), young females reported drug use to improve mood, increase confidence, reduce tension, cope with problems, loose inhibitions, enhance sex or lose weight, whereas young males tend to use alcohol or drugs for seeking sensations or to enhance their social behavior.

1.3.2 Consequences of Drug Use in the Females Life

Drug use among females has several health and social consequences. The existing data reveals that females are especially vulnerable to the physical consequences of drug dependence and abuse, even when using the same amount or less of a particular substance than males. General health consequences of drug use in women are poor nutrition, low self-esteem, depression, and physical abuse. If pregnant, preterm labor or early delivery, as well as serious medical complications and infectious diseases can occur (Department of Health and Human Services, 2003d.). Available data indicates that women become dependent on drugs faster than males. (National Center on Addiction and Substance Abuse at Columbia University, 2003). The National Institute of Drug Abuse (Department of Health and Human Services, 2000) stated that females are more likely than males to develop addictions to sedatives and drugs designed to treat anxiety or sleeplessness. Also, young females are more likely to be hospitalized for non- medical use of these medications (National Center on Addiction and Substance Abuse at Columbia University, 2003). Finally, it is known that drug use during pregnancy increases the risk for miscarriage, ectopic pregnancy, still birth, low birth weight, anemia, fetal alcohol syndrome, and other problems.

Mello (1998) found that chronic abuse of cocaine is associated with hormonal changes that impair the menstrual cycle. It should be noted that the effects of cocaine on the endocrine hormones not only affect the reproductive system but may also affect the immune function. Females may also be more sensitive than males to the cardiovascular effects of cocaine.

Studies reveal that the effects of heroin are quite similar on males and females. Studies with animals found that the acquisition of drug self-administration regarding the level of self-administration of this drug was higher in females than in males, but not significantly (Lynch & Carroll, 1999). Heroin reduces the immune response, reduces sex drive, and can cause spontaneous abortion. Children born to heroin-addicted mothers are also at greater risk of sudden infant death syndrome. It is not recommended to detoxify pregnant women from this opiod because of the increased risk of spontaneous abortion or premature delivery.

Heroin use is related to deviant personalities. Isralowitz (2002) summarized the findings of different researchers regarding the inadequate personality of the heroin addict:

Heroin addicts have been found to lack responsibility, independence and the ability to defer gratification in order to achieve long range- goals. They are unable to face the realities of life, to confront their problems, or meet the demands of society, and they have difficulty controlling emotions such as rage, shame, jealousy, and anxiety. They tend to have low self-esteem with feelings of peer rejection, parental neglect, unrealistic expectations for achievement, school failure, physical stigmatism, impaired sex role identity, ego deficiencies, low coping abilities and (generally) coping mechanisms that are socially devaluated and/or are otherwise self-defeating (p. 61).

Other risks related to women's health and substance abuse is HIV- AIDS, eating disorders, co-occurring substance use disorders, and other psychiatric disorders. HIV-

AIDS is the fourth leading cause of death among females ages 15 to 44 (Department of Health and Human Services, 1999 b.), and approximately two-thirds of the AIDS cases among women are related to injection drug use.

Approximately, 40 percent of females with drug use problems report eating disorders (Department of Health and Human Services, 1999 b.). The most common eating disorders linked to substance abuse are anorexia nervosa and bulimia nervosa. In addition, the rates of co-occurring substance use disorder and other psychiatric disorders is relatively high for women. The 2002, National Survey on Drug use found that the percentage of females with serious mental illness was higher than the percentage of males (10.5 vs. 6.0), also that the most serious mental illnesses were highly correlated to substance abuse (Department of Health and Human Services, 2003 b.).

Women in drug treatment programs are less likely than men to be employed and are more likely than men to have other health problems, to have sought previous drug treatment, to have attempted suicide, and to have suffered sexual abuse or other physical abuse (Department of Health and Human Services, 2000). Also, women have great difficulty abstaining from drugs. Furthermore, the National Institute on Drug Abuse (Department of Health and Human Services, 2003 d.) indicates that many drug-using women do not seek treatment because they are afraid: they fear not being able to take care of their children or keep them, they fear reprisal from their spouses or boyfriends, and they fear punishment from authorities in the community. In summary, females are exposed to poverty, discrimination, inequality, exclusion, and violence at a higher level than males. The stress caused in their lives by these experiences in

combination with other environmental and cultural issues places this population at risk of drug use. Finally, the typical female drug user is exposed to serious health and social risks that could lead her to death.

In the commonwealth of Puerto Rico, female drug users were studied in the context of HIV risk and prostitution activities. Most of these studies are comparisons between Puerto Ricans in Puerto Rico and Puerto Ricans in New York. Some important research findings related to prostitution and drugs were: in comparison to New York, in Puerto Rico gender was significantly associated with gallery drug use and female paid sex (Andia, Bearsley, & Cant, 2000). It is quite common to find that females over 25, who are working in the sex trade describe themselves as addicted to drugs (Alegría, et al., 1994). Cocaine and heroin were ordinarily used drugs among the sex workers (Hansen, López- Iftikhar, & Alegría, 2002). Sex workers have a high prevalence rate of depressive symptoms, regardless of HIV infection status (Alegría, et al., 1994).

Besides, et al., (1998) studied the social and behavioral consequences of chemical dependence in Puerto Rico. In their sample, more women than men had completed high school, lived in their own homes, had a regular source of income, lived with a sex partner, and a significant proportion lived with their children. They found that Puerto Rican women were more likely to use speedball (a mixture of cocaine and heroin), practice risky behaviors such as anal and oral sex, have multiple sex partners and trade sexual relations for money. Also, drug abusing females were more likely to report psychiatric symptoms and suicide attempts, live in an unsafe place, have a history of physical abuse, report the use of health care services, and report serious conflicts

with their family. Another key finding in this research was that men and women reported a small number of friends; but on average, men had twice as many friends as women did. Also, men were more likely to report family as a source of support. Finally, females reported fewer drug treatment episodes than males. The evidence presented in this section shows that women in Puerto Rico are less integrated with their families, more exposed to HIV and more criminalized for the use of drugs (Robles, et al., 1998). Nonetheless, regarding Puerto Rican females and their drug use, little research exists (Alegria, et al., 1998).

1.4 Problem Statement

Substance abuse among young females between the ages of 18 - 35 is a serious problem in Puerto Rico that places a big number of people in reproductive ages-- and thus future generations-- at risk. At this moment, it is important to consider certain facts. The available literature indicates that the use of drugs among young Puerto Rican females expose them to weak mental health, suicide attempts, unsafe living conditions, serious conflicts with their family, and risky sexual behaviors (Robles, et al., 1998).

Young female drug users face the consequences of their addiction, without economic resources, familial/social support, or treatment opportunities. They are also burdened by fear of prosecution and losing custodial rights of their children. These stressful conditions make resilience difficult for this population, which is evidently at disadvantage and in dire need of attention. All these reasons make them a significant group to be studied.

Puerto Rican young women's life experiences have been historically absent from research literature on cocaine and heroin drug use. and active use of illicit drugs peaks at ages 18- 25 (Department of Health and Human Services, 2002 b.; Kendel, Warner, & Kessler, 1998). This study will focus on exploring and understanding the cocaine and heroin use problems of young females from the San Juan metropolitan area between the ages of 18 -35. The study will explore their life experiences and their relationships with family, peers, community, and institutions. It will also attempt to trace their involvement with drugs, generalize from their experiences and gain a greater understanding of the drug use problem among females in Puerto Rico.

1.5 Purpose

The purpose of this research is to obtain a deeper understanding of young Puerto Rican women, between the ages of 18 – 35, with cocaine and heroin use problems. By interviewing these females, I intend to identify common subjects (specific problems, and personal/ social characteristics, factors contributing to drug use) and establish connections to the youth's life experiences. I also intend to explore the problems these young women face as a result of their involvement with cocaine and heroin, and their impact on their social lives.

1.6 Research Questions

The purpose of this research was to obtain a deeper understanding of the life of young Puerto Rican women ages 18 – 35 with cocaine and heroin use problems. The following questions were based on various considerations: exploring life experiences, behavior, social roles interpretation, and reaction to their environment.

1.6.1 Major Research Question

What are the common life experiences (specific problems, and personal/ social characteristics, factors contributing to drug use) of young female cocaine and heroin users from the San Juan metropolitan area between the ages of 18 - 35?

1.6.2 Sub- Research Questions

- 1) How are these females' life experiences affected by their cocaine and heroin use?
- 2) What problems do these women face as result of their cocaine and heroin use?
- 3) How do these women perceive the effect of cocaine and heroin use on their lives?
- 4) What barriers are identified by young female cocaine and heroin users as obstructing resilient behaviors?
- 5) What potential resiliency factors do these females identify in their lives?

1.7 Significance and Implications of the Study

This study is exploratory in nature. Young women who abuse cocaine and heroin were interviewed to talk about their lives. How these young females perceive their life experiences and their cocaine and heroin use will be emphasized. This research is also significant because it is one of the few studies in substance abuse among Puerto Rican females. I intend to draw from literature on female substance abuse in general, and apply it to cocaine and heroin use by Puerto Rican young women. This process allows for exploring the development of a theory in an inductive way.

The study is timely because in Puerto Rico, as in the rest of Latin America, the trend in research is to make a generalization that does not take into account gender differences (Reguillo, 1999/2000). The lack of recognition of gender differences is a

major problem because available evidence confirms that motivations for drug use are different among genders, and females are specially vulnerable to the physical consequences related to drug use (National Center on Addiction and Substance Abuse at Columbia University, 2003; CDC and FDA, 2001; Sterk - Elifson, 1995; Women's Health Weekly, 2003). Substance abuse during a female's early life is associated with physical distress and depression (Acoca, 1999; Center for Substance Abuse Research, 2002; Latimer, 2002). Also, drug use at a young age is linked to longer and more intense levels of drug use.

This research has important implications because, it will contribute to the development of basic theoretical understanding of young women with cocaine and heroin abuse problems and expand social work knowledge to provide new insights regarding gender specific prevention and intervention policies for young Puerto Rican females with cocaine and heroin use problems. The results and conclusions are likely to be valuable for policy writers in decision making about future directions in the practice of social work, in regards to female drug users.

1.8 Definitions

In order to comprehend the magnitude of the drug use problem among Puerto Rican females it is important to define some key concepts. These are: substance dependence, substance abuse, cocaine, and heroin. According to the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV) (1994), substance related disorders include the consumption of a drug for abuse, the side effects of a medication, and toxic exposure. Both substance dependence and abuse belong to substance use

disorders. Substance dependence was defined as "a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance related problems" (DSM-IV, 1994, p.176). Substance abuse was defined as a "maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances", as well (DSM -IV, 1994, p.182). The DSM- IV identifies 11 classes of drugs related to substance disorders, (alcohol, amphetamines, caffeine, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids, phencyclidines, and sedatives/hypnotics/anxiolytics). This research focuses on cocaine and heroin (an opioid derivative). Both have a significantly higher use in Puerto Rico (National Drug Intelligence Center, 2003; Office of National Drug Control Policy, 2003, a.). Substance related disorders are particularly dangerous in the life of Puerto Rican females when they are associated with the use of cocaine and heroin.

Cocaine is a naturally-occurring substance produced by the coca plant. This is a stimulant and addictive drug that is consumed in several ways such as coca leaves, coca paste, cocaine hydrochloride and, cocaine alkaloid. Some examples of cocaine street names are blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow (Drug Pages, n.d.) "esquilín," and "perico" in Puerto Rico. This drug is injected, smoked or snorted. Some effects related to cocaine use are: faster heartbeat, rapid breathing, increased blood pressure, sweating, nausea, vomiting, loss of appetite, anxiety, confusion, irritability and depressed mood.

Heroin is a semi-synthetic opioid derivate and it is an addictive drug. It is the most rapidly acting of the commonly abused opioids. Heroin is injected, smoked or snorted. The street names for this drug are brown sugar, dope, H, horse, junk, stag, skunk, smack, white horse (Drug Pages, n.d.) and manteca in Puerto Rico. One of the principal problems associated with heroin use is infection and transmission of diseases through shared injection equipment. Heroin abuse is associated also with fatal overdose, collapsed veins, cellulites and liver disease (Department of Health and Human Services, 2004).

The aim of this study is to gain a deeper understanding of Puerto Rican young women cocaine and heroin drug users' life experiences. Past research in drug use in Puerto Rico has focused predominantly on male population. If female population was addressed it as been studied in the context of HIV and prostitution activities. Because of the increase of drug use by females, additional studies are needed to expand social work knowledge and provide new insights regarding females' life and their consumption of drugs at the time of policy development.

CHAPTER 2

THEORETICAL FRAMEWORK

2.1 Theoretical Framework Introduction

To deal with female drug abuse problems it is necessary to understand the life experiences and environments that place them at risk or provide protection. Isralowitz (2002) suggests that a simple explanation of drug use and abuse could be related to two principal reasons. First, people seem to use drugs simply to feel good; and second, people use drugs as mechanisms to escape their problems. Underlying these explanations, biomedical, psychological, and sociological aspects have to be considered to understand the social dilemma of drug use. Some of these aspects include: the history of drug abuse patterns; the detection that specific drug patterns are often culturally determined; demographic and epidemiological characteristics of abusers; the etiology of social context; the route of drug administration; the influence of social institutions; the reasons for prevalence of drug abuse in certain populations; and the social support for successful treatment and rehabilitation (Medina - Mora, 2002; Isralowitz, 2002).

It is important to understand that men and women have different experiences and perceptions of the world. Departing from a symbolic interactionism approach, it is possible to affirm that young females are pragmatic actresses who continually adjust their behavior to the actions of the others. In patriarchal cultures such as the Puerto

Rican culture, social structure is institutionalized and gender determines the distribution of power, privileges, and economic resources. It is a fact that gender studies have multiplied in the past decade; however, there is a lack of research regarding young women and drug use. According to Ehrenfeld (2002), the lack of specific female studies is grave, considering that a large part of the literature on the topic is centered precisely on the complex task that the development of a gender identity implies.

In order to obtain a more comprehensive understanding of Puerto Rican young female cocaine and heroin users between the ages of 18 – 35 from the San Juan metropolitan area, this study will be based on a variety of perspectives, as suggested by Naffine (1996). With a feminine touch, the ecological-system theory and resilience theory will provide the theoretical frameworks for this inquiry.

2.1.1 Feminist Approach

According to Sprague & Zimmerman (2004) one of the basic principles emphasized in feminist literature is that the worldviews of individuals are constructed socially within a definite context that reflect the social order. The point of view of white upper class males has dominated the discourse. Furthermore, a feminist deviant perspective involves issues as to how women offenders have been ignored, labeled and forgotten. For Chesney-Lind (1994), a feminist approach to deviant behavior involved the construction of explanations of female manners that are sensitive to its patriarchal context. Social construction feminism theory looks at the structure of the gendered social order as a whole. It establishes that gender is an institutionalized social construct that determines the distribution of power, privileges and economic resources (Lorber,

1997). Likewise, the theory of gender identity refers to a symbolic and social historic construct that subtly affects the daily lives of people. Identity is "naturalized" through the distribution of work by gender. In this sense, men are assigned roles such as being the economic provider, and the strong figure, and women are seen as mother figures, responsible for the home and dependent on their husband's salary. This is a belief that remains even though increasing numbers of women have become part of the labor force, and, in many cases, are household heads.

In Puerto Rico, gender studies regarding drugs are needed for several reasons. The most important is that gender be related specifically to situations related to gender roles, and social expectations have placed this population at risk. Also, the daily life of young females between the ages of 18 - 35 is significantly different from their male counterparts. In Puerto Rico, cultural values such as "marianismo" and "machismo" are linked to certain behavior patterns, which sponsor violence against females. This violence increases with the cultural clash with U.S. cultural values and more liberal vision of female social participation. Finally, the critical social condition of young females between the ages of 18 - 35 years is evident through the consistent exclusion of this population during the development of specific drug prevention and intervention policies and programs.

2.1.2 Ecological System Theory

The ecological system theory has been used as a general frame to understand the relationship between Puerto Rican females between the ages of 18 - 35 addicted to drugs and their environment. System theory has its origins in the general system theory

of Bertalanffy. The general system theory is a biological theory, which proposes that all organisms are systems, composed of sub-systems and are in turn part of super-systems. This theory is applied to social systems such as groups, families, societies, and individuals (Payne, 1991). The theory focus is directed toward multiple systems in which experience evolves. There is also a call for moving beyond a focus on static features of the reality to the process that characterizes particular environments (Brown, Brody & Stoneman, 2000). There is an emphasis on exploring the links between systems, allowing an understanding of how micro- processes may vary according to each person. The basic systems are the micro system (the Puerto Rican young women ages 18 - 35 and her nuclear family), the mezzo system (community and local institutions), exo system (Puerto Rico government) and the macro system (Federal government and Hispanic/US cultures). Each system influences the others, and a change in one sends ripples of change through the others. Typically, Social Work differentiates between two forms of systems theory: the general system theory and the ecological system theory.

The ecological system theory approach bonds people and their environments, in this case the young Puerto Rican females and their territory. At the macro system level, the researcher attention is specifically directed toward Hispanic culture heritage (values, norms, beliefs, and gender roles), Puerto Rico drug trade, and federal policy inputs (reprimand associated to female's drug abuse, the availability of treatment programs, etc.). It has been shown that Puerto Rican young female cocaine and heroin drug users deal with the clash between their Hispanic expected roles and the contemporary women

roles requirements, with a strong drug trade, and finally with the criminal persecution associated to their drug abuse that in the worst situations represent losing their children.

At the exo-system level, this study focuses on the Puerto Rican governmental approach to the females' drug abuse problem. The available information reveals that Puerto Rican government (and the federal) concentrate a lot of resources on reducing the drug trafficking but not in the prevention and treatment. The evidence is the lack of gendered oriented programs and female drug users' studies. The consequence of these deficiencies was that the Puerto Rican young female cocaine and heroin drug abusers have to confront their drug addiction problem with out adequate institutional support.

Regarding the mezzo system level, for this research it is important to consider peer groups, social institutions, the high drug availability in the communities, and poverty. There is evidence that peer pressure, community drug availability and institutional factors are linked to women drug abuse risks. Also, poverty aggravates the Puerto Rican females' social condition; this related to an inadequate housing in risky neighborhoods.

Finally, at the micro level it is important to examine the role of particular stressful life events or situations such as victimization, academic problems, low self-esteem, a disruptive family, one parent family, and a family member drug abuse, as well as, the role of strengthening life events or situations such as academic achievement, family stability, family support, high self-esteem, spirituality and hope in either contributing to or ameliorating the use of drugs. Studies on women lives indicate that it

is possible that a female adapt positively to adverse situations (Le-Page-Lee, 1997; Sterk, 1999) and this process is known also, as resilience.

The ecological system theory seeks to understand how and how well people adapt to the challenges of their natural and social environments (Saleebey, 2001). This theory emphasizes the "goodness of fit" or the adequacy of many relationships that link people to their social and physical environments. Two general indicators help in understanding the concept of "goodness of fit"; these are demand factors and resource factors. Environments continuously present situations or circumstances that require adaptive responses. A person with adequate support can usually cope effectively with social and environment demands. Nonetheless, distress comes when supports are deficient, and coping becomes more difficult.

This theoretical approach is useful for this investigation in seeking to understand how young females between the ages of 18 - 35 years old handle their environmental and social challenges and the role that drug use plays in their lives. Another fundamental concept of the ecological system theory is reciprocal adaptation. It exists where people are able to develop through change and are supported by the environment (Payne, 1991). Nonetheless, social problems such as stressful life events, poverty, victimization and family history of substance abuse, reduce the possibility of reciprocal adaptation for Puerto Rican young women between the ages of 18 - 35. Adaptation is related also to the internal responses to stress of the young female. Stress could be predicable and unpredictable and tests the resilience and mettle of the individual, in this case the young female (Saleebey, 2001). The way in which the young women respond

in part depends on internal structures such as belief, myths, labels and socialization patterns. Saleebey (2001) indicates that this may be intensified or ameliorated by social, economic, and political factors, such as extended family relationships, community / groups associations and involvements, peer relationships, friendships, economic conditions, drugs availability, environmental supports, resources, oppressive living conditions, and female personal qualities.

For healthy development, young females between the ages of 18 - 35 need to maintain a "goodness of fit" with their environment. In other words, appropriate inputs such as opportunities, health services and nutrition, are needed. Payne (1991) indicates that stress results when the transactions upset the adaptive balance. This stress produces problems in the fit needed between the systems, their capacities, and the environment. Stress is often the consequence of life transitions, environmental and cultural pressures and interpersonal processes. For example, the young female (micro system) drug use could be an output of child victimization experience in combination with the availability of drugs in the community and peer pressure.

In summary, the existing information reveals that Puerto Rican females between the ages of 18 - 35 were specially vulnerable to drug use for several reasons. At the micro level, it is possible that these females have low self-esteem, come from disruptive families, or they may have suffered traumatic life experiences. Also, at the mezzo level they live in communities with high drug availability, strong peer pressure to use it and little institutional support. Also, at the exo/macro level the Puerto Rican females between the ages of 18 - 35 were not considered at the time specific policies programs

were developed and were criminalized when they looked for help for themselves and their children. It is possible to identify a clash between the U.S. and Hispanic cultural values regarding the females' expected roles. All of these elements are factors that contribute to drug use among Puerto Rican young females. Finally, the ecological system theory provides a structure for understanding the life of young women cocaine and heroin users and the different systems interactions. It does not, however provide, a deep understanding regarding the females' ability to recover, to adapt, or bounce back from drug use.

2.1.3 Resiliency Theory

The Puerto Rican young female, like other human beings is not a slave of her circumstances. A young female between the ages of 18 - 35 could have multiple stressors and high disposition to a disruptive performance but does not model this behavior. This fact is associated with resiliency theory. According to Norman (2000), resiliency is the ability to bounce back from-- or to successfully adapt to-- unfavorable conditions. Stewart, Reid and Mangham (1997) defined resilience as the "capability of people to cope successfully in the face of significant change, adversity, or risk; this capacity changes over the time and is enhanced by protective factors in the individual and the environment" (p.22).

Resilience is a bio-psycho-social and spiritual process (Greene, 2002). Also, it is an ecological phenomenon which helps practitioners understand the social context in which resilience is embedded (Greene & Livingston, 2002). According to Greene and Livingston (2002), a systematic perspective of resilience focuses on the resiliency of

social systems, in which resilience is a characteristic of the collective identity of individuals who are system members. "Individuals differ in their exposure to adversity (vulnerability) and the degree of protection afforded by their own capacities and their environment (protective factors). A persons' ability to recover, to adapt, or to bounce back to a normal condition (resiliency) varies over the person's life time, as well" (Norman, 2000, p.3).

The resilience phenomenon combines risk and protective factors. Risk factors could be stressful life events, adverse environmental conditions or any condition that increases the Puerto Rican females' vulnerability. Saleebey (2001) identifies as risk factors internal or external challenge, damage, problems, trauma and disorders. In contrast, protective factors were conditions, which serve as protectors of the young women systems. Internal and external resources, strengths, capacities, talents and gifts, are some protective factors (Saleebey, 2001). It should be noted that risk and protective factors are not dichotomous categories. The same condition might constitute for a female a risk in one situation and protection in another, analogous might simultaneously present both risk and protection.

The literature reviewed suggests four general resiliency domains. These are 1) internal or psychosocial domain (self-efficacy, realistic appraisal of the environment, sense of direction, empathy, high self-esteem, intellectual skills and adaptive distancing); 2) spiritual domain (hope, faith, morality and belief in God); 3) interpersonal domain (humor, effective communication, problems solving skills and impulse control) and; 4) social domain (structures and rules at home during the

childhood, stable home environment during the childhood, positive- caring relationship, positive family or other intimate environment, high enough expectations, external support, and resources, access to -health, education and other security services, good role models) (Greene, 2001; LePage-Lees, 1997, Norman, 2000 ; Saleebey, 2001).

2.1.3.1 Risk and Protective Factors Regarding Drug Use

For several years the specific domains related to risk and protective factors for drug abuse and dependence were community domain, family domain, individual and peer domain (Wright, D. and Preberton, M. (2004). These domains are used to identify risk and protective factors among young people in the 1999 National Household Survey on Drug Abuse (Wright, D. and Preberton, M. (2004). This survey concluded regarding risk and protective factors that:

- Exposure to prevention messages in the media was significantly associated with lower odds of past year marijuana use for whites and Hispanics, but not for blacks or youths in "other" category.
- Higher levels of parental communication about substance use were significantly associated with lower odds of past year youths marijuana use among Hispanics youths, but not among youths of other racial/ethnic groups.
- Within the school domain, strong sanctions against illegal drug use were significantly associated with lower odds of past year youth marijuana use among whites, Hispanics, and youths in the "other" category, but not for blacks.

- Exposure to prevention messages in school was associated with lower odds of past year marijuana use for whites and Hispanics but not for blacks or youths in "other" category.
- The associations between risk and protective factors and past year marijuana use were similar for males and females for all of the factors. (Wright & Preberton, 2004, p. 6).

2.1.3.2 Risk and Protective Factors among the Hispanic Young Women

According to Perez- Koenig (2000), Hispanics (in the United States) represent a population at risk of drug use; because they fare poorly in parental skills, have a high incidence of teenage pregnancy and a high poverty rate. In addition, many families teach their male children to be powerful, strong, and dominant over women ("machismo"); and girls are socialized with a focus on home economics and motherhood (Juarbe, 1998).

Conversely, Perez - Koenig suggests that Hispanic people have strengths (protective factors) that emanate from their culture. Those are "personalismo," respect, "familism," extended family, and spirituality.

Based on these traditional drug abuse and dependence risk factors, Alegria, Vera, Negrón, Burgos, Albizu and Canino (1998), proposed a conceptual framework to understand Hispanic women's drug use and consequences. This framework consists of five principal domains. These are individual factors (socio-demographics, biologic/genetic, psycho-emotional, experiential, and cultural); interpersonal factors (family interaction and friends interaction), neighborhood factors (general

characteristics, neighborhood norms, neighborhood opportunities, and neighborhood risks); institutional factors (institutional resources, incarceration experience, and drug treatment barriers/ participation); and finally, the outcomes (problematic behavior, health, and functional impairment). Additionally, the Center on Addiction and Substance Abuse at Columbia University (2003) recognizes the following as special risk/preventive factors to young female drug abuse and dependence:

- Early childhood temperament
- Rebellion
- Depression
- Anxiety
- Low self esteem
- Academic problems
- Positive attitudes about the effects of substance use
- Stress
- Poor coping
- Physical or sexual abuse
- A family history of substance abuse
- Poor parent child relationship
- Inadequate parent - child
- Communication about substance abuse
- Unengaged parents
- Changes in the family structure

- Substance using siblings
- Socioeconomic status
- Frequent moving
- Drug availability
- Participation in extracurricular activities
- Religion and spirituality
- Peer acceptance
- Peer substance use
- Peer pressure
- Marketing substance

While the risk and protective factors among Hispanic young women can apply to Puerto Rican young females between the ages of 18 to 35, it is important to also consider social support, treatment opportunities, and family integration.

2.2 An Integrated Framework Overview

The Ecological system theory is complementary to the resiliency theory. The Ecological system theory emphasizes on the “goodness of fit” and the adequacy of the many relationships that link young females to their social (and physical) environments. The ability for resiliency is associated with the interaction of the different social systems and whether these systems provide protection to young Puerto Rican females. It is a fact that the presence of risk factors does not guarantee a negative developmental outcome, but rather increases the odds that problematic behaviors will occur. Also, the literature reveals that protective factors are individual and/or environmental safeguards

that enhance young female ability to resist risks and foster adaptation and competence (Greene, 2002; Saleebey, 2001). Puerto Rican young women may share some contexts (community, school) and not others (homes, clubs). They also may share some experiences and not others, thus leading to quite different interpretations, as well as different outcomes.

As a micro system, a Puerto Rican young female learned within her family and Hispanic culture the norms, values, beliefs, gender roles, and attitudes attached to certain behaviors, such as drug abuse. While these females may have been exposed to drug abuse risk factors, such as poverty, academic problems, low self esteem, victimization, depression, use of drugs by a friend or family member, and stressful life events, they may have also been exposed to resiliency or protective factors, such as family stability, hope, academic achievement, sports, or artistic activities. This process could be considered as the process of developing an internal structure related to their perception of drugs and drug abuse.

At the mezzo level, the community, local institutions (school, church, and civil organizations), and peers compose an important domain that directly encourages or discourages drug abuse. The Commonwealth of Puerto Rico as an exo-system and the federal government as a macro system, through their enacted policies, may both contribute to the young females' drug problem. For example, the lack of drug treatment programs that consider gender and age, as well as the lack of studies regarding female drug users in Puerto Rico, can be an abuse risk for these young females. Risk factors identified at the exo and macro level include the penalties associated to the drug used by

these females. Finally, the cultural filters and values related to Hispanic culture (“machismo”, “marianismo”, “personalismo” “familiarism”, respect, and gender-associated roles) influence the way in which the different systems perceive and attempt to face young women’s drug problems. This also has an effect on the lives of these females.

CHAPTER 3

METHOD

3.1 Rationale for a Qualitative Research Design

The purpose of this research is to obtain a deeper understanding of Puerto Rican women between the ages of 18 – 35 with a cocaine and heroin problem. This study was designed to identify and describe common issues (specific problems, and personal/ social characteristics, factors contributing to drug use) in the lives of these young women, their backgrounds, and life experiences, and to examine the social problems that these young women face as a result of their involvement with cocaine and heroin. Understanding the experiences of women from their point of view corrects the main biases that result from the trivialization of the importance of women's experiences and interpreting these experiences within the researcher's own limited viewpoint, which may skew the perspective and reality that women originally intended (Reinhartz & Chase, 2002).

The females' life is a subjective phenomenon that emerges as a product of the interaction between the person, culture, society, and environment. This is an aspect that cannot be captured with the use of a generic instrument; thus, using qualitative methodology is an alternative. Deslauriers (1991) indicates that qualitative investigation works with data that is quantified with difficulty, and is inspired by the daily life

experience. This type of investigation is also known as naturalist or inductive investigation because it aims to understanding meanings, perception, beliefs, values, and behaviors among specific social groups. This type of research aims to capture the way in which people conceptualize their lives and survival strategies, and the way they relate to their territorial environments (Lambert, Ashery & Leedle, 1995). Nonetheless, qualitative studies strive to bolster the transferability, not generalizability, of their findings (Lincoln & Guba, 1985).

Wiebel (1995) recognizes two reasons to use qualitative methods in drug abuse research. First, the elaboration of questionnaires amenable to statistical analysis requires that a researcher possess significant familiarity with the way that the respondents perceive their world. Also, the qualitative approach is sometimes the only means available for obtaining sensitive and valid data. According to Carlson, Siegal, Falck, and Wang (1995):

There are systematic patterns to the way drug abusers create meaning in their lives, perceive their place within the society, and behave. Also, such knowledge may be patterned by gender, ethnicity, class and geographic context. Through qualitative method, it is possible to gain an understanding of the meaning people attribute to their actions as well as delineate the wider sociopolitical and ecological context in which drug use and HIV risk behavior take place (p.15).

3.1.1 Grounded Theory

This study attempts to construct the life reality of young women with cocaine and heroin drug use problems in the San Juan metropolitan area. The selected methodological approach of this study is the grounded theory. It is rooted in the sociological work of Glaser and Strauss, and it reflects the basic principles of symbolic-interactionism. Charmaz (2004) indicates that ground theory allows novices and old hands alike to conduct qualitative research efficiently and effectively, for which reason this approach helps in structuring and organizing data-gathering and analysis. For Glaser and Strauss, a grounded theory emerges inductively from its data source, in accordance with the method of "constant comparison" (Glaser, 1978). "Grounded theory is based on the systematic generation of theory from the data, that it-self is systematically obtained from social research" (Glaser, 1978, p.2). In this perspective, the researcher seeks to discover congruities in the narratives of people experiencing similar situations, to identify similar conditions, and essential elements of experience, and to make connections between elements (Miles & Hubermann, 1994). This approach allows for the detection of patterns in inductive observation, develop concepts and working hypotheses based on those observed patterns (Rubin & Babbie, 1993), and finally, propose a theory. The principal characteristics of grounded theory are: simultaneous involvement in data collection and analysis, creation of analytic codes and categories from the data, and development of middle range theories to explain behavior and processes (Charmaz, 2004). Briefly, according to Schram, (2003) the basic assumptions of grounded theory are:

1. Human beings are purposive agents who take an active role in interpreting and responding to problematic situations.
2. People act based on meaning, and this meaning is defined and redefined through interaction.
3. Reality (that is, socially constructed) is negotiated between people and is constantly changing and evolving.
4. Central to understanding the evolving nature of events is an awareness of the interrelationships among causes, circumstances, and consequences.
5. A theory is not the formulation of some discovered aspect of reality that already exists "out there." Rather, theories are provisional and fallible interpretations, limited in time and constantly in need of qualification.
6. Generating theories and doing social research are part of the same process.

Another important aspect of grounded theory is that its methods require that the researcher take control of data collection and analysis; for this reason qualitative interviewing is seen as an irrefutable technique in this process (Charmaz, 2002). Charmaz (2002) points out first that qualitative interviewing provides an open-ended, in-depth exploration of an aspect of life about which the interviewee has ample experience, often combined with substantial insight. Second, grounded theory interviews are used to tell a collective story, not an individual tale told in a single

interview (Charmaz, 2002). This collective story of women between the ages of 18 – 35 with cocaine and heroin abuse problems is within the grand narrative of the culture. The narrative permits the researcher to convey the meanings of young females in a way that incorporates their changing realities.

In conclusion, the grounded theory methodological approach helps in this study to develop a theory that will be useful to explain and highlight the problem of cocaine and heroin use among young women in Puerto Rico. This theory may also be helpful in developing more theories regarding drug use among other populations in Puerto Rico.

3.2 Research Design and Methods

3.2.1 Sampling Procedure

The qualitative investigation sample is different from the sample used in the quantitative investigation. Instead of selecting a random sample, an intentional approach is preferred. This way, it can be guaranteed that the person participating in the study has the characteristics desired and/or needed for the study. The main concern stems from the depth of the data that the informant can provide, more than in the quantity of participating informants. A non-probability purposive sampling of 15 subjects was used in this research. The sample size of this research was selected considering 1) that the existent literature reveals that this is a hidden population; and 2) that the research focuses in a specific gender, age group, and residency. When using qualitative methods with hidden populations and specific gender, age groups, and residency a sample size of 12-15 participants is considered acceptable.

The typical subjects in this inquiry were Puerto Rican woman between the ages of 18 to 35 with a cocaine and/or heroin abuse problem, living in the metropolitan area of San Juan, Puerto Rico. This area was selected because the current investigator provides professional services in this area and has contacts to enter the field.

The participants in this study were recruited from "Iniciativa Comunitaria" and "Casa Providencia", two community based organizations in Puerto Rico that provide services for females with drug use problems in San Juan. The females in this inquiry were participants from "Nuestra Casa" and "Hogar Compromiso de Vida" Projects of "Iniciativa Comunitaria" and "Casa Providencia." "Nuestra Casa" is a community center in San Juan that provides services to homeless females and males at risk of using drugs. The provided services include case management, health evaluation, and food. "Hogar Compromiso de Vida" and "Casa Providencia" are temporary residencies for homeless, female drug-users. Services provided include: detoxification, case management, health evaluation, family therapy, transportation, and peer education. Female participants will be enlisted with "Iniciativa Comunitaria" and "Casa Providencia" caseworkers help. Caseworkers for these programs were asked to provide information about the proposed research study to participants that meet the inquiry criteria (to be a Puerto Rican woman between the ages of 18 to 35, who indulges in cocaine and/ or heroin abuse, and lives in the San Juan Metro Area). The women who responded to their caseworkers were given information by the researcher on what would the study entail, should they volunteer. They were informed about the interview process, focused on their cocaine and heroin

substance abuse problems, lived experiences, assurance of confidentiality, and permission to audiotape the interview.

Fifteen participants were selected on the basis of their ability to speak comfortably about their life and addiction to drugs. The participants varied in education, socioeconomic background, religion affiliation, and sexual orientation. Each female was asked questions about her substance abuse history, life experiences affected by her cocaine and heroine use, problems faced as a result of her cocaine and heroin use, her perception about how the use of cocaine and heroine affected her life, barriers that obstruct resilient behavior, and potentially resilient elements in her life.

3.2.2 Data Collection Procedure

Semi-structured, in-depth, interviewing was the data collection tool selected for this study. In-depth interviewing as a qualitative technique could be conceptualized as a special type of partnership and cumulative performance (Miller & Crabtree, 2004) aiming to understand the meaning of respondents' experiences and life worlds (Warren, 2002). It was founded on the notion that delving into the person's "deeper self" produces more authentic data (Marvasti, 2004). Johnson (2002) identifies the following assumptions of in-depth interviewing: 1) understanding the world from the respondent's point of view, or gaining an emphatic appreciation of his or her world; 2) going beyond commonsense explanations for and other understandings of some cultural forms, activity event, place or artifact; 3) making the interview mutually beneficial to the interviewee and the researcher; 4) providing a multi- perspective understanding of the topic by not limiting the subject to a predetermined set of answers. Furthermore, "in-

depth interviewing concentrates in the figures at the expense of the ground - it focuses on facilitating a construction of the interviewer's and informant's experiences and understanding of the topic of interest" (Miller and Crabtree, 2004, p.188).

Use of semi - structured interview is recommended in grounded theory inquiry at present because it allows some flexibility. For example, in this case the researcher is allowed to pursue issues of particular significance, related to the research purpose. Also, it gives the researcher the opportunity to hear the corresponding respondent talk about a particular aspect of their life or experience because the questions trigger participants to talk. Finally, the interview was informal and semi-structured, in order to obtain information from the participant in a conversational manner.

3.2.2.1 Interview Guide

In order to discover the common issues (specific problems, and personal/ social characteristics, factors contributing to drug abuse) and problems that these women face as a result of their cocaine and heroin use, an interview guide was developed by the researcher and administered to each of the participants. The interview guide helped the researcher to be consistent in conducting interviews with all respondents (Patton, 1990). The interview guide was developed considering the research purpose as well as the literature review.

The first part of the interview provided basic demographic information about the respondent's age, place of residence, religious affiliation, educational level, relationship (marital) status, household, and occupation. This section was non-threatening and helped ease the participants into initiating the conversation. The second part two of the

interview covered the female's childhood. Information such as family dynamics during her childhood and characteristics of her community of origin was explored in this section. After the participant provided this information, the questions were directed toward the circumstances that led the female into drug abuse (when did they start using drugs, description of their drug use, and life events that led them to use of drugs- in particular cocaine and /or heroin) and how these women perceived that the use of cocaine and or heroin affected their lives. Finally, barriers and potential resiliency factors were explored by asking questions such as: What do you think is the greatest barrier you will have to overcome, and what resources do you have to cope with your drug abuse problem?

As I mentioned before, this is a semi-structured in-depth interview and the frameworks for this inquiry are the ecological-system theory and resilience theory with some elements of the feminist theory. The ecological system theory indicates that an environment continuously presents situations, circumstances, or stressful life events, that require the organism's (in this case, Puerto Rican females between the ages of 18 to 35) adaptive responses. These situations, circumstances, or stressful life events occur during the female life, and it influences the female's posterior behavior. For identified situations, circumstances or stressful life related to these females' drug use, the researcher included in the interview guide questions such as: describe the community in which you grew up; describe a normal day in your life before you began using drugs; what life events led you to use drugs? What do you need most in order to conquer your drug abuse problem? As a final point, resilience is an ecological process that combines

risk and protection factors. According to Norman (2000) resilience is an adaptive outcome as well as it is a process of interaction between environment and personal factors. The researcher explored this ecological process (resilience) in depth by asking females about topics, such as personal strengths as women, and reasons to discontinue using drugs.

The topics selected for this study according to each sub research question, have been classified below.

Demographics Questions

1. How old are you?
2. Where are you from?
3. What is your religious affiliation?
4. What is the highest degree (or school year) you have completed?
5. Which is your principal source of income?
6. Which is the principal source of household income?
7. Estimate your monthly household income.
8. What is your occupation?
9. Where did you live?
10. What is your relationship status?
11. Number of people in your household and relation to them.
12. Did you live with your children?

Major Research Question

What are the common issues (specific problems, and personal/ social characteristics, factors contributing to drug use) of female cocaine and heroin users from the San Juan Metro Area between the ages of 18 - 35?

Sub- Research Questions

1. How are these females' life experiences affected by their cocaine and heroin drug use?
2. What problems do these women face as a result of their cocaine and heroin drug use?
3. How do these women perceive the effect of using cocaine and heroin in their lives?
4. What barriers are identified by young female cocaine and heroin drug users as obstructing of resilient behaviors?
5. What potential resiliency factors do these females identify in their lives?

Table 3.1 Sub- Research Questions and Interview Topics Comparison

Sub-Research Questions	Interview Topics
How are these females' life experiences affected by their cocaine and heroin drug use?	1. Tell me what it was like to grow up as a girl in your family.
	2. Tell me what your family was like?
	3. Tell me about your interaction within your family?

Table 3.1 – *Continued*

Sub-Research Questions	Interview Topics
	4. Tell me about your relationship with the other members of your family?
	5. Describe what your community was like as you grew up.
	6. What was your childhood like?
	7. When did you start using drugs?
	8. What life events led you to use drugs?
	9. What life events led you to use cocaine and /or heroin?
	10. Describe your drug use.
What problems do these women face as a result of their cocaine and heroin drug use?	11. What is one positive thing about your drug consumption?
	12. What is one negative thing about your drug consumption?
	13. What does using drugs mean to you as a woman?
How do these women perceive the effect of using cocaine and heroin in their lives?	14. Describe a normal day in your life before you began to use cocaine or heroin.
	15. Describe a normal day in your life after you began to use cocaine or heroin.

Table 3.1 – *Continued*

Sub-Research Questions	Interview Topics
	16. In what ways does using drugs affect your life as a woman?
What barriers are identified by young female cocaine and heroin drug users as obstructing of resilient behaviors?	17. What would you think is the greatest barrier for you as a woman in overcoming drug abuse?
	18. What do you need most in order to conquer your drug abuse problem?
What potential resiliency factors do these females identify in their lives?	19. Tell me about your strengths as a woman.
	20. Tell me if you have a reason to stop using drugs.
	21. Tell me about the resources you have to help you cope with your drug abuse.
	22. Tell me how you see yourself in ten years.

3.2.3 Research Procedure

This study was submitted to The University of Texas at Arlington's Institutional Review Board for review and was approved. The participants were asked to sign their initials in the consent form approved by the Institutional Review Board. Confidentiality

was guaranteed in the consent form and verified by the interviewer verbally during the introduction of the woman to the researcher. The participants names do not figure in this study.

The researcher went to “Iniciativa Comunitaria” and “Casa Providencia” to conduct the interviews so the subjects would feel comfortable and familiar when answering questions or providing information about their cocaine/heroine use and their lives. The investigator could observe them and collect data through observations, verbatim interview answers to questions, and their own exploration of the questions.

Each female participant was interviewed for approximately two hours in order to derive data that described the life of the participants in her own words. Each interview was audio-taped. Audio-taping interviews allows the researcher to concentrate on what is being said by the females. Furthermore, audiotapes capture laughter, sighs and other aspects of the interview that are vivid and revealing (Padgett, 1998). Throughout the interview, questions were asked in a conversational tone. The focus of the study, to discover the lived experiences, problems that these women face as a results of their cocaine and heroin use, barriers that obstruct resilient behavior, and potentially resilient elements in her life is to be revealed with interviews that question the participants about her life experiences. The techniques used in the interviews to establishes rapport between the researcher and participants were: reiteration of questions, eye contact, clarification of questions, and information.

Prior to the interview process, the investigator made several visits to the organization, and held informal contact with the participants in order to increase confidence between the researcher and the participants.

3.2.4 Data Analysis

Data analysis is one of the most important stages in the investigation. It enables the researcher to make assumptions regarding the participants and therefore arrive at conclusions. The grounded theory methodological approach allows theoretical categories to emerge from the data that explain how, in this case, young female drug users continually process and respond to a problem. According to Brott and Myers (1999) the data gathered primarily from interviews is analyzed inductively, the resulting theory is grounded in real world patterns. Grounded theory must be logical, deductive, predictive and relevant (Glaser & Strauss, 1967). Also in this approach, observing, collecting the data, organizing the data and forming a theory, all occur at the same time (Charmaz, 2000; Glaser & Strauss, 1967; Patton, 1990; Strauss & Corbin, 1990).

Methodologically, the use of grounded theory implies a constant comparative process in which every part of the data is compared with other data pieces and codified. The grounded theory literature recognizes the existence of three principal kinds of coding: open coding, axial coding and selective coding (Charmaz, 2000; Glaser & Strauss, 1967; Patton, 1990; Strauss & Corbin, 1990). Open coding is the analytic “process of breaking down, examining, comparing, conceptualizing and categorizing the data” (Strauss & Corbin, 1990, p.61). This coding implies line-by-line analysis and facilitates ongoing inductive analysis and deters the researcher's own beliefs (Charmaz,

2000). Axial coding according to Strauss and Corbin (1990) is a complex process of inductive and deductive thinking involving a set of procedures in which data is grouped after the open coding. For this type of coding, it is recommended that a coding paradigm be used to address the relation between causal condition, intervening condition, and consequences (Strauss & Corbin, 1990). Finally, the selective coding is the process in which the core variable is discovered. This core variable or category allows the researcher to propose the problem study theory (Strauss & Corbin, 1990). In this research the data was examined using the previously described types of coding. The qualitative research software package AskSam was used to organize, manage, and analyze the interview transcripts. Each interview was uploaded separately into the software package and given numerical designation.

In this inquiry, collecting and organizing the data, and developing a theory occur at the same time. The interview transcriptions were read numerous times so that the researcher became immersed in the words and meanings as experienced by the participants. The data was repeatedly sorted, coded, and interview were compared. Analysis began with breakdown of the transcripts into units of meaning. Descriptive codes were applied to each unit. This resulted in line by line coding or “data bits, which” were assigned codes, where a unit of meaning extended further than a single line. When tentative themes emerge from analysis of the initial interviews, they can be confirmed or disconfirmed by deliberate search evidence in subsequent interviews. This way the researcher ensured that the subjects are grounded in the data.

Even though concepts/ codes in grounded theory are inductively generated from the field, some analysis concepts/ codes initially were identified in this study. These concepts have been used as a guide for the research analysis. They serve as an initial classification for analysis of the data and to clarify the meaning of the information provided by the females and observations. These tentative assertions have been tested against the data provided by females in the initial interviews to determine whether they were supported by the data. This process is known as constant comparative analysis. Nonetheless, these are flexible because they are simple outlines for the organization of the data. Zemelman (1987) indicates that reality is the articulation of different human processes. It can be reconstructed through "ordered concepts." These preliminary concepts were:

- Perception of what is correct and what is incorrect
- Perception on drugs
- Perception on what it means to be a woman or a man,
- Hispanics values (patriarchal values, respect, "personalismo", "familiarism" & "marianism")
- Civil status
- Victimization
- Academic performance
- Extracurricular activities
- Kind of family
- Financial situation

- Family history of substance abuse
- Spirituality
- How she says she “looks” physically
- How she feels about her body
- How she believes others see her
- How it affects her how others see her
- Models of life she follows
- Peer
- Group membership
- Relation/ participation in the institutions
- Perception of the institutions
- Discourse of the institutions on what a woman is
- Discourse of the institutions on the use of drugs
- Importance of the institutions in her life
- Drug use prohibitions (local and federal)
- Community to which she belongs
- Availability of drugs
- Other social interaction spaces
- How she projects herself (dress, appearance- tattoos, piercing etc.).
- Use of substances
- Sexuality

3.2.5 Research Trustworthiness

This study of phenomena is relatively unexamined. For this reason it was important to guarantee that its findings are authentic. In qualitative research, the notion of validity as used in quantitative research is not totally applicable. Nonetheless, trustworthiness is used to address the issue of integrity of the research process and its findings. The core question is how confirmable are the research results?

As a first step to guarantee the trustworthiness in this study the researcher was the person who collected the data, transcribed the interviews and coded the data. The data consists of over 350 pages of transcription and field notes.

These actions served to protect the confidentiality of the women participants as well as the involvement of the researcher with the data.

Supplementary strategies for enhancing the rigor of this research are prolonged engagement in the field, triangulation of the data, and member checking. The researcher demonstrated prolonged engagement in the field by repeated visits to the organization and informal contacts with the respondents. Triangulation of data refers to the use of different data sources with the purpose of corroborating the findings. Triangulation in this research was produced by quotations from field notes, observation, and a key informant (Padgett, 1998; Schram, 2003). Observational techniques are methods by which the researcher gathers direct data on behaviors being studied, in this case the female cocaine and heroin users. They provide the opportunity to collect data on a wide range of behaviors and to capture a great variety of female interactions.

The main concern of having only one person handle the data is the possibility that the researcher's biases, such as personal motivation and position, go undiscovered. For this reason, the researcher incorporated a key informant (an expert in the addiction field) in the interpretation and development of results and member checking techniques. The key informant can provide in-depth information about the research findings as well as allow the researcher to clarify ideas and information on drug use among females in the San Juan Metro Area. Finally, member checking has been used as a strategy to reduce researcher bias, and involve the researcher's returning to the respondents to verify that findings correspond to respondents' data (Lincoln & Guba, 1985).

3.2.6 Research Ethic

Participation of the women was strictly voluntary and guarantees the protection of the participant's privacy. Thus, the investigator cannot provide "Iniciativa Comunitaria", "Casa Providencia" or other institutions with data that might allow identification of participants, unless the participant has specifically given permission to do so. Informed consent forms, audiotapes, field notes and analytical memos are stored in a locked file, accessible only to researcher and supervising professor. Also, in the investigation report, aliases were used to maintain confidentiality of the information provided by the informants.

CHAPTER 4

RESULTS

The purpose of this chapter is to present the findings of the investigation. Presented here are demographic data, history of substance abuse, the identification and description of common situations in the lives of these women (i.e., specific problems, personal and social characteristics, and other factors that contributed to each respondent's drug use), their backgrounds, other life experiences, social problems that they experience as a result of their addiction to cocaine and/or heroin, and the difficulties that they confront are presented in this chapter. The recurring categories are validated via the respondent's verbatim statements and make up the theoretical contributions of this chapter. Regarding the English translation of the interviews: Spanish is a rich and varied language; as is true with any language, slang and colloquialisms do not always translate well, either directly or approximately. When that is the case we have tried to strike a balance between preserving the speaker's intent and using her actual words.

4.1 Participants

Each participant was given a pseudonym in order to assure anonymity and confidentiality.

Participant 1: Verónica is 24 years old. She doesn't know her mother and remembers only that her father is imprisoned in the United States. She was raised by her paternal grandmother and began using drugs with several friends who lived nearby. She has used marijuana and heroin.

Participant 2: María is 34 years old. Her parents are divorce. She began using drugs with schoolmates and friends from the housing project and has used marijuana, cocaine, heroin and speed ball.

Participant 3: Estefanía is 22 years old. Her parents are divorce she was 8 and began using drugs with their friends. She has used marijuana, cocaine, and legal, but controlled medications (Xanax and Panadol PM).

Participant 4: Lara is 28 years old. Her parents are divorce. She began using drugs after her parents divorce. She had use heroin, cocaine, ecstasy, and acid (LSD - Lysergic Acid Diethylamide).

Participant 5: Estrella is 28 years old. She was raised by her both parents. She began using drugs with her friends. She has used marijuana, cocaine, and heroin.

Participant 6: Nair is the 23-year-old. Her parents are divorced. She began using drugs with her friends. She has used alcohol and cocaine.

Participant 7: Elsa is 22 years old. Her parents divorced when she was 10, and she went to live with her paternal grandmother. She began using drugs with her friends .She has used marijuana and "speedball".

Participant 8: Mara is 28 years old. Her parents are separated. She began using drugs with her friends. She has used ecstasy, acid, cocaine, and marijuana.

Participant 9: Ana is 23 years old. She was raised by her grandparents. She began using drugs with her friends. Ana has used marijuana and heroin.

Participant 10: Aixa is the 27 year old. She was daughter of divorced parents. She started using drugs and alcohol in high school with her friends. She has used cocaine, Xanax and alcohol.

Participant 11: Mónica is 32 years old. Her parents are divorced parents. Her drug use was initiated by one of her partners; she has used marijuana and heroin.

Participant 12: Michael (the Spanish equivalent of “Michelle”) is 33 years old, her parents are separated. The first time that she used cocaine was with the father of her first child. She had use cocaine, alcohol, and several medications, prescription and over-the-counter (Xanax, Benadryl, and Panadol PM).

Participant 13: Jessenia is the 23 year old . She was daughter of separate parents. She started her use of drugs out of curiosity, wanting to know how it felt. She used marijuana, heroin, cocaine, crack, and Xanax.

Participant 14: Iris is 35 years old. She was raised by her two parents. She began using illegal substances with university friends. She used marijuana, heroin, and alcohol.

Participant 15: Shaira is 24 years old. Initially raised by her grandmother, in the adolescent Shaira went to live with her mother in the United States. She has been a user of marijuana, cocaine, crack, ecstasy, over-the-counter medication (Panadol PM), and alcohol.

4.2 Categories

The transcriptions of these interviews were read in order to identify the key points as expressed by the participants; each key point was then classified. Words or phrases that summarized the ideas expressed by the participants in their interviews were coded; the codes were later added to the margins of the unedited interviews. In addition, the preliminary codes identified in the study served as guides for the analysis of the data that was provided by the respondents. The data were evaluated using the constant comparative method of analysis. The information that was supplied by the 15 participants was grouped into the following 23 categories:

1. Marital status
2. Educational level
3. Socio-economic status
4. Maternal status
5. Family of origin
6. Family history of substance abuse
7. Grandparents
8. History of physical abuse
9. History of sexual abuse
10. History of domestic violence
11. Community of origin
12. Peers

13. Social communication networks
14. Social problems
15. History of selling drugs
16. Other criminal history
17. Sexual history/prostitution
18. Hispanic values (i.e. patriarchal values, respect, “machismo” [prominently exhibited or excessive masculinity], “marianismo” [the embodiment of the feminine])
19. The ability to distinguish right from wrong
20. Obstacles to the cessation of drug use
21. Available resources for the cessation of drug use
22. Strengths
23. History of drug rehabilitation

4.3 Codes

After searching for relationships among the categories, seven code words and phrases were identified. The study participants emphasized some of the code words/phrases over others. These code words/ phrases were: general data, family, victimization, social environment, illegal behavior, influence of Hispanic culture and recovery. The table that follows lists them with respect to their corresponding categories.

Table 4.1 Code Words/ Phrase with the Corresponding Categories

Code Word/Phrase	Categories
General Data	1. Marital status
	2. Educational level
	3. Socio-economic status
	4. Maternal status
Family	5. Family of origin
	6. Family history of substance abuse
	7. Grandparents
Victimization	8. History of physical abuse
	9. History of sexual abuse
	10. History of domestic violence
Social Environment	11. Community of origin
	12. Peers
	13. Social communication networks
	14. Social problems
Illegal Behavior	15. The selling of drugs
	16. Sexual history/prostitution
	17. Criminal history
Influence of Hispanic Culture	18. Hispanic cultural values (see above)
	19. The ability to distinguish right from wrong
Recovery	20. Obstacles to the cessation of drug use
	21. Available resources for the cessation of drug use
	22. Strengths
	23. History of drug rehabilitation

4.3.1 General Data

The participants' ages ranged from 22 to 35 years. All were residents of San Juan, Puerto Rico, at the time of the survey; a majority (eight participants) had been

born in the metropolitan area. The parents of 13 of the participants had been divorced or separated; eight of the 13 were primarily or completely raised by their grandparents. In the cases of eight of the participants, at least one of the parents used alcohol or drugs. It was found that all of the respondents had completed at least the seventh grade; nine finished high school; the maximum education attained among the participants was three years of university studies. Thirteen of the participants were single, and 10 were mothers with two or more children. Of the women interviewed, five received assistance for the Nutrition Assistance Program (PAN). Three of the respondents were fully dependent on their families or on others; two worked part time at the university and received assistance from their families. One respondent worked full time. Of the three women who reported having no source of income, one admitted that she asked for money in the streets. One woman indicated that she sold drugs. The reported yearly incomes ranged from \$0 to \$60,000.

In detailing the courses of their addictions, most of the women interviewed admitted to having used not only cocaine and heroin, but other substances as well—among them, alcohol, marijuana, ecstasy, and both prescription and over-the-counter medicines.

The amount of money that each woman needed to support her habit varied from \$50.00 to \$500.00 per day. On a given day, however, the actual amount used/purchased varied depending on how much money the respondent was able to come across. The statements made by Verónica and Jessenia are explicit regarding the costs of their addictions. According to Verónica, “this [the addiction] has no amount [fixed cost]; it is

understood that every dollar you can get is for it [the addiction].” Jessenia was equally forthcoming when she admitted, “One day, I spent \$80.00 because I didn’t have more; if I have more, I spend it.”

4.3.2 Family

Each participant had diverse life experiences. Nevertheless, pain was a common thread that connected all of their lives. A variety of factors in their childhoods appeared to increase their later vulnerability to drugs; these include: the use of drugs by a parent or parents (or by other family members), an unstable family environment, not having been raised by their parents, having divorced/separated parents, the exposure to drugs in the community of origin, poverty, neglect, physical abuse, and sexual abuse. The narratives of many of the participants reflect a family history of substance abuse. Eleven of those interviewed identified one or more members of their immediate families as being users of legal or illegal drugs; parents, grandparents, siblings, and uncles were described as being drug users. Estefanía, Jessenia, Mara, and Estrella all indicated that both their mothers *and* their fathers used controlled substances. Estefanía (22 years) remembers going to bars and “drug points” with her mother and related the following about her childhood:

“Well, my childhood... I was never accepted. My mom got pregnant with me when my brother was 2 months old, and she called me—if you’ll pardon the expression—*broken condom*. And, so, when my mom got pregnant, my family rejected her and threw her into the streets... And it seems like she took everything that happened and took revenge

against me... I've always been the ugly duckling, because I have an older brother and a younger sister. Everyone treated me very badly—all the best things were for my brother and sister. My mom never worried much about me; she didn't teach me good and bad. She taught me the bad—the good, no. I had to learn everything on my own. I was always with my dad because I felt sorry for him, but there were a lot of things... So, my mom took me with her to the bars and I would sleep in the back. It was my mom who taught me about the street; my mom was always in the 'points', with the drug dealers and all that. They used to use me when the cops were doing raids or something and no stuff could be moved. They used to send me with a backpack, to steal. So, it affected me a lot because when I was in trouble with the police, she never went to see me—when she was the first one who taught me how to do these things. My dad used drugs, but he never showed me how to do it; he never took me to a 'point'."

On the other hand, Jessenia, 23, whose parents were both heroin addicts, and who was raised solely by her mother, describes her infancy as unstable and made the following comments:

"From what I remember, it my infancy wasn't very good because we were always moving around. There was a time that I was happy because my mom... we had a stepfather who we loved a lot. He helped us and

helped my mom a lot—those were good times. Later, when we left, I was about 7 years old. And after that, I remember little things, you know, that we were always moving around, that we didn't live in a stable place, you understand. And, well, you know... when you talk to me about life, when you're already grown, it's hard to accept changes, you understand. Because you've already lived your life, like—how do I explain?—like you've had to defend yourself, you've had to fight for everything. You follow me? And so, when I saw a change, that my mom changed to, who knows what, I couldn't get used to it. I'm not saying that my mother was bad; I think my mom is the best, you understand. But those times affected me, you know. She neglected us... she neglected us a little, and I felt like I didn't need anybody, you understand—that I'd already been through everything and that I could fight my battles alone with my 10, 11 years, you understand.”

Jessenia, along with eight other participants, was raised in a social context of poverty, instability, and exposure to drugs—experiences that considerably marked her life. The paternal figure in the lives of these nine participants was nonexistent, or the cause of painful memories within the family.

Aixa's story relates both to her problem with addiction and her childhood:

“Sincerely, I don't know; it could have been the friends that I chose at the moment... even though I have always had problems because my

mom and dad were getting a divorce when I was little. He [Aixa's father] abused my mom a lot; he hit her. Every day he came home drunk, and I grew up with that, with that fighting. My dad abused my mom a lot; he hit her a lot; I grew up with that. Once, he burned my hand—with a shirt.”

WJRO: “How?”

Aixa: “He lit a shirt on fire and threw it and it fell on me. My parents got divorced because he wanted to kill her [Aixa's mother]... We went to the United States. When we came back here... when we came back here... well, my mom was always working. She worked every day, and I stayed with my grandmother.”

Grandparents have played an important part in the development of several of the participants. They have figured—in some cases—as collaborators in a given participant's raising. In three instances, one or both grandparents assumed complete responsibility for child-rearing because of the parents' apparent inability to do so.

Verónica was raised by her paternal grandmother and spoke thus of her filial relationship:

“As of today, I have never met my mother. If she passed me on the street, I wouldn't know her... and my dad was in jail all his life.”

Also raised by a grandparent, Mara, 28, indicated that her childhood left something to be desired. She had this to say:

“Well, I don’t know, my childhood wasn’t what you would call good. So, um... nothing... my grandmother raised me. Because my mom basically abandoned us; she came to the house from time to time, and from time to time, she wasn’t there. My mom was addicted to crack, my dad to heroin, and, so, nothing... I took care of my brothers... Other things that happened? Well, see, so, nothing, I’d say that... When we were there, outside [in the United States], I remember my mom cooking crack and all that shit that she had in the house, and that she was never home. And [once] she told me, ‘Look, be careful, or you’ll burn yourself.’ And I said, ‘Mommy, I’m not burning myself;’ and I said, ‘I haven’t even turned on the stove.’ And she with her pipe here and her lighter there, and... nothing. So, she... she tricked me. She told me to go to the bathroom (with my grandmother) because she had brought me some bubbles—bubble bath—and that I should get in the bathtub. When I went into the bathroom, she took her stuff and left. I left [the bathroom] because I suspected, and... I ran out... ‘Mommy, mommy.’ I cried all day...”

Regarding her childhood, Ana, 23 and the mother of 2 children with a third on the way, commented:

“My childhood. Hell, my childhood was, um... I have four brothers
[Author’s note: Ana was raised in her grandmother’s home and

considered her uncles as her brothers.] who are addicts, that is, drug users, um.... My mom had me when she was 13. My mom at 13 didn't know how to take care of me and decided to leave me with my grandmother. And, well, my grandmother was really nice at the beginning, but, um... I always saw my brothers using stuff, because they were heroin addicts, and I always saw that. At seven years, I saw people smoking marijuana and shooting up. You know, for all that time, I witnessed the negative sides of people; I never saw positive people because I lived in a public housing project that was next to a 'point'. After that, well, I saw my brothers shooting up, my grandfather drinking rum... and, so, I experienced a lot of trauma when I was young, and that led me to start using."

WJRO: "What trauma?"

Ana: "Seeing my brothers addicted, not being with my mom, never knowing my dad, um, seeing my grandfather using alcohol... And I said, 'damn!' But, nothing, I got addicted. The trauma of not having my mom, of never seeing my dad, of seeing my brothers involved with drugs was so great that I became addicted."

Nair's case was similar in that, according to her, her mother was also drug-dependant. In addition, she recounted that her parents argued continuously, until they finally reached the point that they separated. She remembers her childhood thus:

“Well, um, when I woke up in the morning, everyone was playing. But the nights were horrible: my dad breaking everything.”

Elsa's parents divorced when she was 10, and from that moment forward, she lived with her grandmother. To her, this represents a significant change. She indicated:

“When I was 10, my mom and dad got a divorce; they separated me from my mom, and I started to live with my grandmother. My grandmother let me do whatever I wanted—I went home when I wanted. At 14, I went with my first husband; I got married. I started as a drug dealer, and that's when I started my habit. From when I was 10, life has been distinct.”

As a result of not having been raised by their parents, the young women who participated were left with a void in their lives. But beyond the lack that they felt in their hearts, is the more concrete lack that they experienced when growing up: the lack of adequate supervision. In the Puerto Rican culture (and many others), grandparents are expected to lavish love on their grandchildren; they are expected to spoil them. Add to that is the reality that grandparents tend to have limited energy (and, frequently, limited desire) available for child-rearing. The combination of cultural expectations and the reduced vigor brought on by age yields a level of permissiveness and a deficiency of attention that too often results in “a child gone wild”. Having been left in the full custody of their grandparents (or grandparent), most of these young women experienced a level of freedom that hurts rather than helps the growing psyche.

As an example of this kind of excessive acquiescence, Verónica—who lived with her grandmother, alone —related that her only household responsibility was to pick up her room.

Two of the study's participants were raised in what is called a "typical" family (i.e., both parents present). However, the alleged normalcy of their home environments was not able guarantee a "normal" upbringing. In addition, in both cases, substance abuse acted as an aggravating factor."

It was in this kind of environment, in which Estrella, 28, was raised. One could argue that her home life led to her being sexually abused by her brother when she was a child. She commented that:

"In my house, there wasn't much affection because my dad drank, and I always saw my dad drunk."

When asked whether, in addition to alcohol, any controlled substances were utilized, she indicated that both of her parents used cocaine.

Iris, whose sexual preference is for other women, is 34 years old. In her adolescence, she was raped by her uncle; some years later, she was raped again, this time by an acquaintance. She indicated that in her home there was a constant air of hostility due to the mutually antagonistic relationship of her parents. She told us this about her father, who is an alcoholic:

"Papi, papi drinks. Papi drinks at home, after work. He drinks, and there are times that he drinks a lot and starts to say bad words to mami; she

starts to argue... [then her father says to Iris] "I shit on your mother... on you, and forget everything!"

The stories presented here offer strong evidence that the family contextual factors of the young participants didn't provide them with sufficiently healthy experiences so as to aid in their physical and socio-emotional development. In fact, our participants identify their family contexts as being among the factors that precipitated their addiction.

4.3.3 Victimization

As mentioned previously, pain and abuse were common experiences among the women interviewed. Study participants related stories of domestic violence, sexual abuse, and other types of victimization. Estefanía indicated that she was physically and emotionally abused by her brother, her mother, her father, and her lover; she related the following:

"My brother mistreated me a lot. He was always hitting me—my little sister, no. She always lived in a world apart; she didn't care what happened, she was little. But my brother was always abusing me, and for that reason, I left my house: because my brother beat me. Not only did he beat me up, but my mom did, too, when she got home from work. At only 12, I had to cook and wash the clothes. Me, at 12. I had to take care of all the household stuff while my mom worked. Then, when my mom got home from work, my brother would tell her something that I had

done, and my mom would come and beat me, just like he had... So, one day I said, 'I'm not going to take any more beatings.' So, nothing, I kept getting beat until the other day. One week my mom beat me, one week my dad beat me, the next week my lover beat me, and the next, my brother."

In Mara's case, the main victimizer was her brother. She related the following experience:

"My brother hit me if I didn't come home with an 'A'—specifically, an 'A'—because I was on the honor roll until sixth grade. So, one day, when I came home—I was in fifth grade, or third, I think it was—I got a 'C', and I didn't want to go home because, because of the fear that he would be there, and he would hit me. Well, he found me on the way home at 4:00 in the afternoon, and he found me walking home, and he said, 'And your grades?' I gave them to him and he hit me in the face with them; he slapped me and said, 'Get home.' He was an abuser; he beat me up a few times."

Another incident that Mara shared about how her brother victimized her, follows:

"Look, once, when I was 10, I got home from school all wet, soaked by a rainstorm. He orders me to change clothes. He says, 'Go change clothes.'

And, I don't know, something made me hide behind the curtain in my bedroom, like, I knew that he was passing by, because I saw him [thinking] like, 'great.' So, I ran... So, he's pushing my door, Waleska, pushing the door, like so, and I got up and left my room, just as wet as before, and he said, 'Didn't I tell you to change clothes?' So, when I go to the bathroom, so that I'll have more privacy, he follows me and says, 'Look, I'll give you a dollar if you show me your ass.' And I said, 'Yucch! No! You're crazy!' And I got out of there and I went outside, all wet like that, with my grandfather. Ahhh. And after that, he sat down on the floor and took out his penis and everything, while I was watching TV. He sat on the floor, and I was so mortified, I didn't know where to look. So, one day, my mom gets up and says to me, 'Hey, when are you going to open your bedroom [door]' I have a radio, I have a chair, and I have a table holding the door. And she says, 'What's going on?' And I say, 'Mommy, nothing.' And she says, 'What about all this mess you have here?' And I say, 'Well, nothing.' I was 10. She says, 'Tell me, or... tell me.' So, I told her what my brother had done. So, she reported him [to the police], and later, my grandmother started saying that it was all a conspiracy between my mom and me, that all I wanted was to hurt him... And, nothing, they never believed us, so my mom decided to drop the charges against my brother, and I don't know what. He never talked to me again, but, you see, I never needed to talk to him, either. He was

killed; apparently, it was drug-related. I was never happy about it, you see, but... He beat my sister when she was pregnant, a terrible thing. In reality, I'm not suffering because he's dead, no way! Everyone in the house is mourning his death, my brother's. And me... nothing."

Different from Mara's case, Estrella not only suffered her brother's sexual insinuations, but she was raped by him as well. This experience was hidden for a long time, and, in fact, Estrella's mother still denies that it ever happened.

Estrella commented:

"Um, I was raped by my brother. Now, when I tell my mom, she doesn't believe me. A psychologist in Vega Alta [referring to a penal institution] tells me that it could be for reasons like, there were so many of us in my house."

Iris tells us that she was raped by her aunt's husband when she was 12, then again some years later by an acquaintance. Pregnancy resulted from the second rape, an experience that changed her life. In her words:

"When I was 12, I was sexually abused by my aunt's husband. When I was a little girl, my aunt and uncle were always around. They took me places because they were young. They took me to the beach; they were always around, you know, sharing with me, and, well, it was hard for me. We were, the whole family, really, cared for him [her uncle], and,

well, he raped me. He raped me many times. Yes, many times, and this didn't come to a close until I was about 16, four or five years later. I was being treated by a psychologist in San Juan, I don't remember her name; it was such a long time ago... She got it out of me [the fact of being raped] somehow. They took it to my aunt; they told her. At first, no one believed me, of course. They didn't really believe me until he wrote me a card, apologizing, saying that he didn't know why he did it. That's when everyone started to believe me. My aunt believed me immediately and divorced him, but mami and papi, no."

Victimization is an experience that is repeated time and again in the lives of the participants. These women have not only been abused or treated injuriously by their families as children; they have also received the same kind of treatment from their chosen companions. Iris's story well exemplifies how the victimization continues in these young, drug-using women's lives. In continuation, she disclosed the following:

"Man, the worst thing that I experienced because of drugs was domestic violence, because my girlfriend always got real... her personality changed a lot... a lot! She said that I was cheating on her, that I was going to bed with guys, that I was hiding drugs... and she hit me, she pushed me, she knocked me down. She used to beat me with a stick a lot... and my daughter saw that violence, and *her* kids did, too. I told myself to stay cool and take it. And I took it, until one day she was going

to really let me have it, and I split her lips. I felt real bad, but damn, I, I'd been beaten enough."

In both Mónica's and Michael's cases, domestic violence was an experience that was repeated with more than one companion. Mónica related the following:

"I got married to the father of my two boys; he was a soldier in the Army, and I went to live with him on a base in Nebraska. I had my two little boys and everything was great. That's when the domestic violence started, because he drank a lot, and the only thing that I did like that was smoke cigarettes. I didn't drink or anything, not even wine... nothing. The moment came when I got tired of being with someone who was always drunk: the children seeing him drunk, the beatings he gave me—I got tired. So, he wanted to go back [to his home]home, and I said 'no'; he said 'yes'; I said 'no'. Like that, until he punched me six times and said, 'mine, or nobody's.' And then, well, I'm lucky to be alive. I went through the whole judicial process; it took a year. Then, I came here [Puerto Rico]."

Mónica then went on to describe her initial experiences after her arrival in Puerto Rico:

"In those first months, I tried. I looked for work, for help from the government, and all that... I don't know. Then they took my kids

again... that is, for the first time. Because, well, the little house where I lived wasn't adequate for them. The Department [of the Family] helped me find a furnished apartment and gave my kids back to me right away. There, with everything great, I met the father of my second-to-last—that was around the time of Hurricane George [*sic*]. I was with him for a while, and it didn't work either; it was like, 'you go to your house, I'll stay in mine' and, so, with no 'hard feelings' [in English] from anybody about anything. And then I met the last one. I was with him for five years. The first three were fabulous—until the baby was born. It was like... you could feel this force, that 'you're mine', and 'I'm your master.' And, well, he's a guy who's very handsome, I don't know. So, I didn't want him to go out in the streets or say that I was boring him; I started to smoke marijuana with him... After awhile, marijuana didn't do anything, and we added heroin... to the marijuana, the two together, mixed. Then everything got messed up, fights, domestic violence, child abuse, that is, *physical* abuse."

Mónica's story ends with her being accused and found guilty of being an accomplice in a robbery. The drug use is the reason that, after having spent time in jail, she was referred to a drug rehabilitation center.

4.3.4 Social Environment

Addiction to cocaine and/or heroin is a complex problem with multiple associated factors. Among the factors traditionally linked to addiction is environment.

In the present investigation, the different environmental factors of the young participants were divided into the following categories: community of origin, peers, social communication networks, and social problems. The majority of the participants come from low income communities, composed principally of poor neighborhoods (called *barrios*) and public housing. Drugs tend to be freely available in these communities. The image of her *barrio*, which Mara described, clearly, illustrates the type of social environment in which the majority of the subjects was raised.

“Right now, that community is really rotten, and there are a bunch of bad drug addicts there. When it [drugs] hit the street, man, well, I *ran* to the *barrio*, I was here, I was there... I was crazy about my *barrio*, that’s for sure. But now, I want to get out as fast as I can, because my brothers, they’re all there. They come to the *barrio* and mess it up; all of my little brothers smoke crack and have a thing about the *barrio*, and now it’s like a poisoned well.”

Unlike Mara, María grew up in a public housing project and noted that that same lifestyle was considered “cool”, referring to the social dynamic described by Mara. Her own depiction follows:

“So, cool... parties... a lot of drinking... you had to be watching out, because if someone came shooting; they could hit anybody. If you were next to someone, you better run.”

Environment was a weighty factor in the participants' decision to start using drugs. Ana's was the clearest voice, in this respect, when she made the following assertion:

"You know, I was always focusing on the negative in people; I never focused on the positive, because I lived in a housing project next to a 'point'. Later, well, I saw my brothers shooting up, my grandfather drank rum, and, well, from the time I was young, I've been traumatized—that was what got me using drugs."

Moreover, the first contact with controlled substances was nearly always a combination of the respondents' exposure to them and peer pressure. According the data collected, the participants' motives for having initiated drug use can be grouped into four distinct categories: to be a part of the group, out of curiosity, to forget their problems, or to have great sex. María indicated that she began smoking marijuana at 11 and said, "I started so I could be a part of the crowd; I wanted to be in that crowd."

Elsa remembered her first experience with drugs, thus: "They said, 'do it, take a hit, it's nothing.' That's how I started, and I stayed."

Estefanía cites family problems as being the primary reason for her having made so many unhealthy decisions in her life, such as using drugs:

"My life has been hard. I've had a lot of problems with my family. When I was 13, I left the house; I would stay one day in one house, another day

in another. Sometimes I didn't have anywhere to sleep and stayed up all night. The type of friends who were all around me... well, almost all of them took drugs... marijuana... That's how I got introduced; I started to experiment, and I liked it, so I kept smoking. At 13 years, I had a lover; like, I felt unprotected and looked for someone to shelter me. I got pregnant when I was 15. I lost the baby because of the drugs... well, that really affected me. I had already tried cocaine. I tried it because almost all of my friends were doing it... That addiction is in my family, too."

Mara's story in relation to drug use and peer pressure makes quite an impact:

"Well, at the beginning I started... I started with marijuana when I was 16 so, so I could belong at school. That is, they offered it to me, and I was like, 'Okay.' But I didn't like it much. That is, I smoked marijuana, but later, with my husband... I tried to make sense of it. During Hurricane George [*sic*], I remember that I, on the second day of the hurricane, I mean, it was a day... a day that I met up with a friend of mine. And my friend, well, she took me to another friend's house where there was a bunch of cocaine. There was a kilo of cocaine around, and me, with a packet of coke in my pocket, because, well, I was a dealer. They offered me some and were so insistent that I said to myself, If I don't try it, then I won't be from here, I won't be part of all this.' So I tried it, and up to this moment, I haven't been able to quit. There hasn't

been a day that I've said 'no'. Truly, it became a part of my life. I mean that... that... I mean, my father used to say that marijuana leads to coke, coke to crack, and crack to heroin. And I said 'no way'. Now I say that's how it is. Because, look, I started with marijuana and cocaine. And, like, cocaine wrecked my nose. It wrecked my whole nose, so, to use less cocaine, they gave me a little crack; that was better than coke. But... and at the same time, it was worse because you got desperate faster, the high only lasted four minutes. The pipe gives you four minutes, no more. After you smoke a pipe, you look around, and you're already down. Inevitably, that's going to make you... you take a hit, and you start looking around... Because, that is, the cops, or 'who's there?' Man, that high is tremendous! It's like a hole, it's like you crawl into a hole and you can't stand anyone looking at you."

These young Puerto Rican women also find themselves greatly influenced by their social communication networks. Advertising campaigns typically dictate "how to be young". The youth of today are told how they must dress, talk, and act. The fact is, if young people do not conform to media messages, then they tend to feel outside of the "loop", apart from the youthful environment.

Estefanía's comments permit us to identify how the media pressure have influenced her behavior:

“If I go to a pub, I’m young, and right now, in that world, reggae music is the thing. When you go to a pub and you hear reggaeton, you can’t sit in the corner. Me, if I go to a pub, I have to dance, and if I dance, I’m going to get thirsty—and I can’t drink soda, I have to drink a beer. And if I drink a beer, then I have to keep dancing, and who knows what else. But then, over there, I see someone smoking and there I go; now I want to smoke. What other consequences does [this kind of behavior] bring? What are the consequences of being high? That you get involved with some guy that you like; you go with him. And maybe he has HIV, and one night, you catch it. So then, I’m a woman, and if I go to a pub, I have to dance. And if I dance, I have to drink. And if I drink, I have to smoke, and after awhile, if I’m with my boyfriend, I have to have sex. But there are other people, who, if they drink, are going to take drugs. They start snorting coke, others start smoking crack. It’s that... right now, it’s really difficult.”

The environment in which the majority of our young participants find themselves is permeated with difficulties, social problems, and fixed perceptions concerning the feminine role in society. As was revealed before, the majority of these young women come from families and/or communities that are dysfunctional in the extreme. And in either case, they are exposed to drug use.

4.3.5 Illegal Behavior

In the lives of the participants, the consumption of drugs is inevitably related to the committing of criminal acts. Starting with the mere misuse of funds intended for the social good (e.g., the Nutritional Assistance Program (PAN) and Temporary Assistance to Needy Families (TANF)) to being an accomplice or the author of a serious crime.

The young women interviewed frequently turned to the selling of illegal substances, as well as embezzlement and prostitution. Elsa revealed that she was dedicated to the “good life”, referring to the fact that she supported herself both with the sale of drugs and with prostitution. She confessed:

“Well, my mom threw me out of the house. I slept in the street, homeless, I had to sell myself, steal, assault others. Basically, a bunch of stuff that I would never do now, but that I needed to do, because my body needed drugs. Though I didn’t want to have to beg... Supplying my habit plus the one of the person who was with me wasn’t easy.”

In this same aspect, Ana’s story is quite similar to Elsa’s. She commented:

“I went out every day... I begged, I shoplifted, I prostituted myself—I did what I had to do. But mostly, I stole and begged.”

Another participant who got involved with prostitution was Mara. According to her story, bar owners recruit minors to work as dancers. In her own words:

“So, I got to be a dancer; I started working as a dancer when I was 17, because, look, I already wasn’t in school. I was studying at night, but I had so many fights with my dad; I had already disrespected him: [once] I pushed him out of his chair. I had already disrespected my grandmother, and I felt that, ‘I can’t be here, I need a job.’ I said, ‘I need a job.’ I took the newspaper, I took the newspaper and checked out the Help Wanted ads in *El Vocero*; it said something about selling newspapers. So I called to sell newspapers; that is, I applied to sell newspapers. Unexpectedly, toward the bottom, it said something, about a bar—dancers for \$150 a week plus room and board and transportation. And I said, well, perfect; this is in Isabela. Man, I called and investigated what it was. They gave me the information, and I said, ‘When can you come get me?’ And they tell me, ‘If you want, we’ll go get you right now.’ And I said, ‘Really?’ Man, perfect. They picked me up the same day. I put some clothes in a bag and told my mom and dad that I was going to a friend’s house... And I never went back... Later on, they went crazy looking for me. So, nothing, from Isabela, I made it to San Juan with a friend of mine and started to martyr myself, because I got into prostitution. I started to work as a prostitute. I could make \$700, \$500, not even working until 5:00 am. If I worked all the way to 5:00 am, I could make more, really. And that was nothing more than going to bed with guys here in San Juan... every day, every day.”

On the other hand, Aixa began selling guns at a local high school and indicated that she was arrested for robbery, Drug and Weapons Law violations, and attempted murder. She shared what happened on the day that she was arrested:

“Well... So, like always, I used to go out every weekend. Every day, I was in the streets—my aunt took care of my kids... I had money and I started to spend it with my friends, and I bought a gun to defend myself. And I went to the place where I had to go to talk to some people who had a problem with me and I saw that the police had come, and I left the area. When I saw that they’d come... When I saw the lights, I left. Um, from there, they called me by the cellular; my friend called me, ‘Be careful,’ because, supposedly, the police were looking for me, because I went there [to where the police were waiting for her] with a revolver. Then, I decided to leave the city; I went somewhere else. Then, I had some money that I left with a friend, stashed in her house, and I thought that she had it on her. So, the people I was with said, ‘We’re going to rob someone.’ And I, well, as I was inebriated, I was drunk, I was using drugs... I was extremely high... well, we went into a store. They got out of the van, I stayed, and they came out. Right then, I saw a man with a pistol, and we started to shoot at the guy. He was a cop, a police officer from that city, from San Sebastián. During the chase, there was an exchange of gunfire and... that’s when they caught me.”

4.3.6 Influence of Hispanic Culture

The women in our study have been affected in varying degrees by the different Hispanic cultural values; in particular, the lessons they began learning in childhood have imprinted upon them the role of the male in Hispanic society; that is, the masculine figure is viewed as being one of power and strength. Previously, their older brothers, when such existed, were identified as victimizers, having been granted a certain degree of power over their younger sisters. In some of the households of the participating women, the male child frequently was ceded supremacy over the female, to the extent that many of our participants (from a young age) were expected to take care of the home while the responsible adults worked; their older brothers were not required to fulfill these same expectations.

Michael shared the following:

“I am the oldest of the girls, and I made sure that my little brothers and sisters bathed; I helped heat up my dad’s food. He looked after us, stayed with us. But my sisters and I had to help out in the kitchen. In addition, I took on the responsibility of taking care of my little brother; I practically raised him... [also,] I did the laundry, swept, mopped, cooked... When I was nine, I started to help my mom.”

Marianismo (in contrast to *machismo*, it is the embodiment of the feminine) is another of the Hispanic values that came to light during the interview process. Lara indicated that for women, the social consequences of drug use were worse than for men;

she commented that a drug-using woman is held in greater contempt [than a man], because, in her words, “crías fama y acuéstate a dormir” (first impressions last a long time); it is her belief that for a man, this is not the case. With that popular expression in mind, it is easy to understand why Jessenia and Mónica never dared to go to the “points”. Both of them paid a third person to bring their “fixes” directly to their homes.

Of the 15 women interviewed, 13 had children, the experience of which, according to them, had a tremendous impact on their lives. In fact, they identify their children as being a primary motivating factor in their attempts at rehabilitation. This important theme will be discussed in more detail later in the text. Concerning their roles as mothers, the respondents coincided in their claims that women bear the bulk of the responsibility for the well-being of their children, and that cocaine and/or heroin use affects their execution of that role.

Regarding her substance abuse, Jessenia indicated the following:

“It’s affected me as a mother, you know, the duties... I didn’t give everything that a mother should, you know... I preferred shooting up to being with my kids, you understand. Ehh, what more can I tell you? Your appearance changes: I didn’t arrive here like this; if I could show you a photo of what I looked like when I arrived, you would understand what I’m trying to say. You change completely.”

Continuing in this theme, Mara opined:

“A man can be completely messed up, but they won’t take away his kids, like they will a mother. Neither, do I know... I mean... I don’t know... I’m telling you, because, I’m the one who has the kids, not their fathers; they don’t have the same difficult journey, the same problems that a mother has when they [the authorities] are going to take away her kids. They check out the mom and the dad, the one that who’ll get them [the kids] probably will be the mother. If she isn’t in any condition [to take responsibility], then the father will be responsible for the consequences.”

According to Mónica, a woman with drug problems suffers more than a man. She claimed,

“A man leaves the house—he’s gone and that’s that, he has nothing more to do with anything, he doesn’t care about anything. But a woman loses her children, loses the house, loses her dignity. Because a woman will get to the point where she sells herself, and a man, too. But then, it’s more likely that a man will steal, do things like that. But when you sell yourself, you lose everything, your self-esteem—a woman is a disaster when she hits bottom.”

Michael indicated that what hurts the most is having set a bad example for her children and having permitted herself to be denigrated, beaten, and humiliated. She spoke further on the theme:

“We’re just as useful as men. And we’re more important than they are, because we’re the ones who bring *them* into the world. Because we’re the ones who are in charge of teaching them and giving them values and giving them instruction. I don’t mean that fathers don’t worry about or love their children more than a mother, because those who do, do. But we’re the biggest example in their [the children’s] lives.”

Finally, Nair made this painful observation:

“You know, I was a virgin before I started [using drugs]. I feel as if I gave everything that I was, and I feel as if I’ve already lost it. Then you have to regain your values anew. Because, brother, I was super bad.”

4.3.7 Recovery

The process of rehabilitation from any addiction begins with the addict’s recognition that he or she is addicted. Even though the majority of the interviews were done in environments that promote rehabilitation, none of the study participants had yet succeeded in their attempts at drug rehabilitation. In fact, many of them abandoned their efforts during this investigation. In the stories recounted by those who were interviewed, specifically those narratives relating to drug use, we identified two important elements that attributed to the participants’ desire to use controlled substances, those being the abilities both to “forget your problems” and to “escape from reality”. These qualities that are attributed to the use of drugs put into perspective how difficult it is for these young women, with their painful histories, to be able to find the

strength to give up drugs. For example, María, who uses “speedballs”, signaled that she enjoyed using the drug because it enabled her to break out of time; it gave her the ability to forget everything.

"Alternately, Mara's use of cocaine served as a way of relieving her depression."

She commented:

“Before, I found it [taking cocaine] positive, that is... Like, my dad, that is, not my dad... Sometimes I tried to stop and along came an argument or a bad time. I thought of drugs as positive. Cocaine, I thought of it as an anti-depressive, because I spent all my time getting high, and talking, and relieving my stress, and talking, and talking without remembering. I always thought of it as an anti-depressive... Negative was when it was over, that is, I didn't have food, I didn't have money... Look, you understand, the only money that I had, I used for that, see? I didn't have diapers, I didn't have milk. Damn, girl... It's not that I left them [her kids] without any milk—my dad was there. He told me, ‘Mara, what happened to the money that I gave you for milk?’ And I said, ‘Hey, Miguel...’ And then I told him a different story. You don't know what it's like to live like that.”

In Aixa's case, it was the lifestyle of the drug world that appealed to her. She remarked:

"I was always hanging out. And with drugs, I kept hanging out, and I wasn't... I wasn't *in* reality, I was *escaping* from reality. Really, I don't know, because I liked it. I liked it. I liked the lifestyle. That lifestyle is pleasant. Pleasant from the moment that you're... Nothing matters because the drug takes you to a... a place where nothing matters. So, I was, like, blind and nothing mattered at all."

Talking about her drug use, Ana reflected:

"It's something that you like, something that wraps you up so that the thing you focus most on is the drug—like the drug is your spouse. It ties you up. It ties you up, and you try to escape, but you can't; you stay there. Then, when you can't escape... well, the craziness, the rush—feeling stoned. That is, you try to get away, but you can't; the drug is there all the time. It's like your husband; it's in your life forever. It chases you... It becomes your shadow, forever."

Nevertheless, Ana recognizes that because using drugs can result in the loss of everything that is important to the user, the idea that there is some positive aspect to drug use is illusory. Her narration continued:

"So, nothing, you can't find anything positive in drugs. All you can do is hide in them, to escape from your problems. Sure, you like them; drugs are something that you like. But also, they do us a lot of damage. They make us lose everything that we have... I lost my children, I lost my family. Because of my addiction, I lost my husband. There were a lot of

negative things in my life that made me lose a lot of things. Drugs change your feelings. One day you might feel good, the next, different... I'm addicted now; I don't care about my kids—first is me, drugs, money. I left my kids with someone, I don't care.”

María claims that drugs are responsible for stealing her youth, her health, her brother, and her consensual partner. She explained:

“The reality is that, in truth, drugs make us lose many things. Sickesses... I have HIV, because, because of drugs... because I used syringes—it wasn't from sex. So... umm, we lose ourselves, we see ourselves fall, our self-esteem on the floor. Then, after the treatment, problems. Because to find a job, now I need a bunch of stuff. Because I have three convictions, and this one is the only one that'll be erased. And the other two, what? They'll stay there; there's nothing I can do, nothing. So, when I leave, there I'll be, in my house, helping my mom; I won't be able to anything more—live on welfare.”

The declaration above provides a good jumping off point for the discussion that follows; a discussion that attempts to identify what, if any, resources are available to these young women in their attempts to confront and kick their drug habits. When asked to identify what kind of assistance they could count on—and from whom—in their efforts to get off of drugs, several of the participants named faith and/or family. Mónica added to that short list, the people of the rehabilitation center in which she was currently

living. Michael also indicated that, she could count on her family, and God, but added to that her faith in herself that she would succeed. However, one participant, Ana, claimed to be without external resources .

A comment combining elements of both of the prior two came from Estefanía, who claimed that though she had no resources in her fight to get off drugs, she was certain that she would succeed in her efforts. She confided:

“If, from the time I was 13, I did all that I did—even if it was negative—and I got out of it, I’m alive, then I believe that for the positive, God is going to help me; everything has to turn out right.”

As is the case with the resources that each of the respondents possesses, the strengths that they have identified can be grouped into the following categories: family (parents and children), spirituality, and self-love.

What follow, then, are several extracts of the different interviews as they pertain to the perceived strengths that the participants have identified.

Aixa:

“My strengths are my children, my mom and all of my family who have, again, placed their trust in me and who are helping me and whom I don’t want to defraud, and me.”

"Though Ana had claimed that she was without resources, the following comment demonstrates that she has failed to identify what is available to her. She stated:"

"I have many strengths. I have a lot of faith; I'm always holding closely to God—I don't let go of Him. Without God, I don't have anything, and I pray when I feel as if something is going to happen to me. I'm always praying; God is always present. I've never left Him... and above all, will-power [referring to her strengths]."

Mónica signaled that her strengths are her children, her mom, and herself. While Jessenia indicated that she has always been a very strong woman, with beautiful sentiments and a desire to live—a desire—not unexpectedly—shared by all of the participants.

When asked to visualize themselves ten years in the future, all of the participants saw themselves as being with their children, established in their own homes.

Jessenia remarked:

"How do I see myself? Well, nurse, my children grown, very beautiful... me very beautiful. I'm serving the community, I see myself like that."

Concerning the impediments to their quitting drugs, the participants identified lack of determination (or as the participants put it, having little will-power) as being the greatest obstacle to their recovery. Nair summarized her feelings, saying, "To be here, one has to want to do it." And, according to Ana,

“The worst obstacle is that drugs are stronger than you are. Because one says ‘I want to change, I want to quit,’ and the drugs keep following you, and you try to change. You go into Rehab, you get out of Rehab, you take drugs; it’s as if they were calling you. And because you like them, well, the addiction becomes worse than before. But, when a person has will-power, she can quit drugs and start to recuperate. All you need is to have faith and keep hanging on to God.”

Aixa signaled that in order to succeed at rehabilitation, it is absolutely necessary to believe in oneself. Contrarily, after having been in four different rehabilitation centers, Verónica believes that what is necessary is a treatment that teaches a person to “see reality.” In Iris’s opinion, however, family support ranked highest in importance. With that in mind, she stated:

“What I really need to get out of this [i.e., quit drugs]... How do I put it?

The love of my mother and father, and that they not argue.”

Rehabilitation is a complex process, relying as much on internal resources as on external ones. In the information thus far provided, it is clear that these young women are justifying their addictions. And it would appear that they are relying almost exclusively on their faith, their will-power, and their families in order to rehabilitate themselves. While all of these elements are necessary to their recovery, without some sort of additional external resources—beyond the legal pressure already being applied—their individual rehabilitations will be difficult, at best. This is especially worrisome due

to the fact that the majority of the study participants have already been involved with drug rehabilitation programs that were motivated by legal pressure. According to the women who took part in this study, neither drug rehabilitation programs nor governmental agencies provide much support for the rehabilitation process.

Estefanía offered the following observation regarding both the difficulties of rehabilitation and the lack of materials and personnel at the halfway houses:

“Right now, you’re seeing... It’s as if you were in the street. I just got here, and already everything is a hassle. They really need better organization. I don’t know... I was in another house and it had good people and good equipment; there were good social workers. But this one, I don’t know, this one needs a lot of things, so that when I leave, I’ll leave with a little bit of structure, so that I can make a life for myself. Get up at such and such a time, go to work. It seems to me that when you have a pending legal case, as I do, you’re paralyzed. I don’t see the ‘rehabilitation’ in this, because right now, I’m suffering. I have a four-year-old daughter, and I haven’t seen her for a month. I looked for it [my trouble]; I’m paying for my mistakes, but my daughter isn’t guilty of anything. Why does she have to suffer? If I brought all this upon myself, then it was so I could give her everything that I wanted to give her. True, I went out on the street and sold drugs, but first, I always took out what I needed for my daughter, so that when she went to school and I had to buy something—a snack, clothes... I’ve never been away from her. And

right now, I've been here a month, and I haven't been able to communicate with my baby. So, she's suffering. [I need a] person who can intervene, who can help unite my family, who can solve my family problems, but I don't know."

Elsa revealed that on more than one occasion she had left the rehabilitation program in which she was enrolled without authorization, which is why she was imprisoned. She indicated that she escaped from rehab because she didn't like it. She went on to comment further:

"I wanted to go back again to the same [situation]. I thought only about drugs... drugs. I managed to introduce [smuggle] drugs into the [other] halfway house with a friend of mine, and I always got high on Thursday, Friday, and Saturday; those were my three days... Here, I feel more comfortable because I'm getting help from a psychologist. When I want to, I can talk to her, get rid of stress... I tell her everything that I've done, and if I have to cry, I cry with her. If I have any problems on my mind, I tell her so that she can help me work them out."

After her legal problems, Mónica also opted to enter a rehabilitation program. She visited both Hogar CREA (Community for the Re-Education of Addicts) and the Center for the Rehabilitation of Women, which falls under the auspices of the Puerto Rico Department of Health/Mental Health and Anti-Addiction Services Administration

(ASSMCA: its acronym in Spanish). About her stay in these two halfway houses,

Mónica had this to say:

“The court offered me the option of entering a rehabilitation program, and I accepted. They sent me to CREA, but I didn’t like it much, because of the system of going out and selling and [because of] the confrontations; it’s very humiliating. I took it for eight months, because I was scared, I didn’t know what to do, so I stayed until I couldn’t take any more, and I left. I asked my parole officer for another place and she found me ASSMCA, the women’s pavilion. But there you were medicated all the time—sitting on the terrace and smoking cigarettes like the crazy woman of the mount, practically... With therapy... let’s say *two* therapies per week, and nothing else. That is, there’s no yard, and it’s like being inside a building the whole time. I was there for four months, until I finally managed to get out because I wasn’t... I didn’t take the medication, sitting around doing nothing. That is, there was too much free time and I was always in a bad mood. It was terrible. So, I asked if I could leave, and then I signed out. My mom came and got me, and I started to look and we found this place here. I’ve been here for five months, thank God.”

For these women, rehabilitation is both a personal and a social goal. As was mentioned before regarding self-determination, each of the participants requires support from both the state and from their families.

The information provided by these women makes it apparent that they have internalized the official “party line” regarding the role of the feminine figure. Narration after narration reveals those moments in their lives that prove this to be so: That they are absolutely and solely responsible for the well-being of their children; that the reputations of female drug users suffer severely. They worry about how they believe others must see them. To such a degree, in fact, that some worry about their having lost their virginity. These findings are consistent with the feminist approach. Sprague and Zimmerman (2004) as well as Lober (1997) indicate that each individual’s vision of the world is socially constructed within a defined context that reflects the social order. Social order, in that the masculine figure occupies a position of supremacy, and that gender determines the distribution of power, privileges, and economic access, a common situation in Hispanic society.

The findings of the present research reveal and confirm that Puerto Rican cocaine and heroin drug users are exposed in a systemic way to several risk/protective factors. According to the ecological system theory, these Puerto Rican young female drug users of cocaine and heroin were in internal conflict. The participants learned within their dysfunctional families the worldviews (norms, values, beliefs and attitudes attached to females’ behaviors) of Hispanic culture. Nonetheless, their addiction does not allow them to function as a “normal Puerto Rican female”. Being a “normal Puerto

Rican female” means to them to be self-sacrificing, good mothers and good wives. When they can not respond as they want they feel shame, guilty and powerless. These feelings generate low self-esteem and depression. Additional circumstances enhancing the females’ drug user situation allowed them to also be victimized before or after taking the drugs. The testimonies of these females indicated that they were sexually abused, were treated injuriously by their families, and were oppressed by their sexual partner and institutions.

On the other hand, it was possible to identify in the females’ narratives the following resiliency factors in their fight for their rehabilitation: their families, their role as mothers, their spirituality and their belief in themselves.

At the mezzo- system, it was found that Puerto Rican cocaine and heroin drug users make up in the majority of the cases in poor communities, with a high availability of drugs and weak supportive social institutions. The interviewees revealed that the strongest support these female participants have are their friends. However, these persons were also drug users.

CHAPTER 5

SUMMARY AND CONCLUSIONS

The purpose of the present investigation was to increase the existing knowledge with respect to women living in the metropolitan area of San Juan, PR, who use cocaine and/or heroin. Fifteen women were interviewed in order to obtain information about their life experiences—emphasizing especially those occurrences that had to do with cocaine and/or heroin use. The interviews that were done provided information regarding significant childhood, adolescent, and adulthood experiences in the lives of the participating women. In addition, the interviews provided information on the environment and/or context in which these experiences came about. The interviews were conducted from March 2005 to October of 2006.

The author has several years of experience as a social worker working in and with those communities in which there is a high preponderance of drug use. She has worked, as well, with research related to poverty and the phenomenon of homelessness. These professional experiences give the author the knowledge required to conduct the present investigation and to analyze the collected data. It should be noted that much of the information that was gathered for the study was obtained during visits and interviews done with the participants and the contact persons.

As mentioned before, the intent of this study was to investigate the reality of life for women between the ages of 18 and 35, inclusive, who use cocaine and/or heroin and reside in the San Juan (PR) metropolitan area. To this end, the study used the *grounded theory* methodology of Glaser and Strauss a theory based on their sociological work, which in itself reflects the basic principles of *symbolic interactionism*. Symbolic interactionism studies how people define their own realities and how their beliefs are related to their subsequent actions and interactions.

Glaser (1978) indicates that grounded theory is based on the systematic generation of theory from data that are obtained methodically during the course of an investigation. Applying the basic principles of grounded theory in this study, the investigator looked for congruencies in the narrations of the interviewed women in order to establish connections between them and thereby establish a grounded theory. This activity permitted the identification of similar life experiences and conditions that constituted a grounded theory.

5.1 Congruencies

The following declarations regarding the lives of the study participants represent a grounded theory concerning the lives of female cocaine and/or heroin users who live in the San Juan metropolitan area. A single common element was identified in the statements of the participants and runs through all of the declarations. Uniformly found in all of the verbal accounts, this element is that these women identify themselves as survivors of traumatic life experiences that occurred in childhood and/or adulthood.

5.1.1 Dysfunctional Family of Origin

The family is considered to be the fundamental institution in the development of society. An individual's personal identity evolves within the family unit; here, characters are fashioned, a world view is formed, and norms and values are internalized. Finally, it is from the family that we learn the codes that are necessary for successful interaction in society. All of this occurs through modeling and family interaction. Nevertheless, when the world view, norms, and values propitiated by the family enter into conflict with those set by society, the family members enter into conflict with the environment. For that reason, risk protection from drug use has long been considered the dominion of the family institution (Wright, and Pemberton, 2004).

When they were minors, the participants were presented with a multiplicity of problems by their families of origin that put their development at risk. For example, we have seen that 13 of the study participants were children of separated parents. Of these, Verónica and Ana never knew one of their parents (Verónica never knew her mother; Ana, her father.). The remaining participants witnessed, at some point in their lives, dramatic verbal altercations and/or domestic violence. Nair recognizes that her family is dysfunctional and that both she and it need therapy to be able to be stronger. She commented:

“We need a lot of therapy. We need support. This has been very difficult in my life. We have done so much damage to each other [from the time she was little]. My mom couldn't stop herself from going out at night to break everything in my dad's house with a bat. She messed up the whole

house, with us in our socks. She couldn't stop herself; things like that happened every day."

Eight of the women interviewed were raised by their grandparents, who, due to their age, found it difficult to supervise, manage, and discipline their charges. In general, the grandparents tended to be more permissive than the biological parents were.

"My grandmother let me do whatever I wanted; I came home whenever I wanted," commented Elsa during her interview.

In more than half (11) of the participants' families, a family history of drug and/or alcohol use was identified. Jessenia, Mara, and Estrella all indicated that both of their parents used controlled substances. Estefanía, remembered having gone to bars and drug "points" with her mother; Mara remembered when her mother tricked her about going out to buy drugs:

"...she tricked me; she told me to go take a bath... [with her grandmother] that she would bring me some bubble bath—soap for making bubbles—and [I should] get in the bathtub... And when I got in the bathtub, she left. I got out, 'cause I suspected, and... I was going 'mami, mami', and I cried all day... For me, my mami leaving me all the time has been what affected me the most, because I never had her with me..."

Finally, the majority of the participants' (12) came from families of limited economic resources. Finally, the majority of the participants (80 percent) came from families of

limited economic resources. In contrast, the 2000 Census data found that 44.6 percent of Puerto Rican population was poor. Approximately 60 percent of this sector were females. These data expose the high level of poverty of female cocaine and heroin drug users.

All of the previously mentioned family situations augmented the vulnerability of these women to drugs and other potentially problematic situations.

In her interview, Ana asserted, "I experienced a lot of trauma when I was young, and that led me to start using drugs." This finding is consistent with the existing literature dealing with drug addiction, in which it has been found that drug use is directly related to traumatic family life experiences. (Acoca, 1999; National Center on Addiction and Substance Abuse at Columbia University, 2003). Finally, the young women who participated in this study could not rely on a family support system, modeling, or other codes (elements) that are necessary in order to deal with their environments in a healthy way.

5.1.2 The Majority of the Participants Came from Communities in which there were Complex Problems, Few Opportunities, and a High Exposure to Drugs

Just as does the family, the community serves as a reference point from which its residents construct their identities. Communities offer codes of conduct for its resident's social and cultural development. This implies that the people living within a given community adopt its norms, practices, and habits. In terms of the use of controlled substances, various studies have identified the community or neighborhood [of origin] as elements that are tied to risk-protection (Alegría, Vera, Negrón, Burgos, Albizu, and Canino, 1998; Center on Addiction and Substance Abuse at Columbia

University, 2003; Pérez-Koenig, 2000). Due in part to the increased risk of substance abuse, those poor communities in which there are few opportunities, complex social problems, and easy access to drugs represent a great danger to young women.

The present investigation makes it clear that for Puerto Rican women the community of origin is a risk factor for drug use. In the voices of the study participants were found the following descriptions of the communities where they were raised. Lara signaled, “The *barrio* is like a poisoned well;” a place that contaminates the people who live there. Another geographic risk factor for these young women is that the territory of Puerto Rico is one of the primary locations for the entrance of drugs into the United States, a fact which augments the accessibility of cocaine and heroin to the entire population.

5.1.3 Drug-Using Friends and/or Sexual/Romantic Partners

Affiliation with a group is a fundamental element of juvenile life. Young people spend a large part of their time with other young people, with the result that friends become influential at decision-making moments. Thus, ordinary experiences can be considered in several contexts, the most common being geographic. On being asked how they had come to begin using controlled substances, 12 of the participants indicated that they had done so with friends, in order to be a part of the group. María revealed that she had started with marijuana when she was 11 years old, and even though she didn’t like it, she did it “to be in the crowd”. Shortly thereafter, she was introduced to cocaine and heroin—drugs that she *did* like. About this time in her life, she comments, “I stayed there for a while.” For the young participants, their friends

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became a refuge when family problems became unbearable. This becomes clear with Estefanía's comment:

Estefanía: ...I found things in the street that I couldn't get at home.

WJRO: What did you find?

Estefanía: Attention. They worried about me... I thought so at the time, because that's what I saw. But in reality, it wasn't like that, because they were doing negative stuff.

Mónica and Michael both revealed that they had started using drugs with their boyfriends, who were also users. Mónica indicates that she initiated her drug use at the urging of her youngest son's father—in order to have “amazing” (“wow”) sex. She feared that if she didn't, her boyfriend would leave her (out of boredom) and so agreed to use first marijuana and later heroin. For Michael, things were different; she commented that she started using cocaine after having gone through some “negative experiences” with her boyfriend and finding out that he was a user. “I saw them [her boyfriend and his mother] [using]; I saw them [doing it] so often that I said, *Well, I'm going to do it, I'm going to try.*”

For a similar reason, Shaira started using drugs with her brother on her 18th birthday—“out of curiosity”.

The information supplied by the study participants reveals that they placed themselves in a position of risk out of the need to be accepted by their friends and/or sexual/romantic partners. The influence of the people who surrounded them was significant enough to cause them to initiate their cocaine and/or heroin use, which in

turn helped them to resolve difficult and current issues. Being young, they felt a strong need to belong to a group. This need to belong is even stronger in women because—according to the exponents of feminism their perception of success is based on the ability to establish and maintain interpersonal relationships (Chesney-Lind, 1994). The participants felt comfortable and welcome in groups that were linked to the drug culture.

5.1.4 Developing a Criminal Life Linked to Addiction

In the lives of our participants, all of whom have been charged with crimes ranging from simple drug possession to attempted murder, the drug culture is inextricably linked to illegal activity. All of the participants have had some legal problem(s) related to their use of controlled substances. The illegal activities most frequently effectuated by the young women (not including the actual use of drugs, in itself a crime) were identified as 1) the sale of controlled substances (9), 2) prostitution (6), and 3) robbery (5). In María's statement, one can observe the criminal dynamic in the lives of these women.

"I sold [drugs] and I kept on growing, getting involved with big people who didn't let me leave the street. But various times came when I had to go to the street, and I found friends, and I found what I needed. A time came when I prostituted myself; that was the first case against me. ... That's when I got HIV, and I said that wasn't going to prostitute myself any more because it wasn't worth it, and I didn't do it ever again, so I entered the free community. I fell again; I was caught again [for auto

theft], but the case was dismissed because they couldn't find probable cause. Then I went back again, and I went down [for sales]; this time, no one could save me, not even the 'panchos'." [A popular phrase in Puerto Rico; it means that one cannot be saved by anything or anyone.]

From the participants' statements, it was found that criminal activities were carried out as a way of obtaining money and defraying the costs related to their vices and, in some cases, to their roles as mothers. In that vein, Ana indicated that she found herself in a "negative life"; "on drugs ... all the time, heroin, heroin, heroin, sell it, use it." For her part, Estefanía justifies her initial involvement in the sale of controlled substances by claiming that she started because she was a minor and she didn't have any assistance in the care of her daughter.

The interviewees also shared the fact of their having been involved in crimes for which they had been found "not guilty" by the authorities.

For example, Aixa revealed that she had sold weapons at a high school and that she had been involved in an assassination attempt.

All of the 13 participants who were mothers had lost custody of their children, at least temporarily.

Even though it is a fact that the participants were involved in criminal activities in order to defray the cost of their drug addictions, this does not mean that they were happy. Elsa made the following comment:

"Well, my mom kicked me out of the house; I slept in the street, homeless; I had to sell myself, steal, [commit] assault. ...a bunch of stuff

that, as I am now, I wouldn't dare to do. But the necessity is that your body needs drugs. Even though I never wanted to be obliged to beg ... to maintain my vice, plus the one of the person who was with me, wasn't easy."

The collected statements demonstrate that the young addicts were involved in a series of criminal activities that placed at risk their security and that of their children. In the sort, medium, or long run, experts consider that women who are in difficult situations or who have been in juvenile institutions are at risk of later becoming enmeshed in the judicial system (Covington & Bloom, 2003).

5.1.5 Poor Governmental Support for Attacking the Drug Addiction Problem

We spoke with the participants separately about the resources available to them in their individual struggles with their addictions; in that respect, several mentioned their faith in themselves, their desire to rehabilitate, the support of their families, and their spirituality. Of those interviewed, only Mónica referred to having been in one of the rehabilitation programs that is run by the Substance Abuse and Mental Health Services Administration (ASSMCA: Administración de Servicios de Salud Mental y Contra la Adicción). This governmental agency was created with the goal of attending to both mental health and addiction issues.

But according to Mónica, this program was less than perfect; she explained:

"... there you were, medicated all the time—sitting on the terrace and smoking cigarettes like the crazy woman of the mount, practically ...

With therapy ... let's say *two* therapies per week, and nothing else. That

is, there's no yard, and it's like being inside a building the whole time. I was there for four months, until I finally managed to get out because I wasn't ... I didn't take the medication, sitting around doing nothing."

Two important facts can be gleaned from Mónica's statement regarding her stay at the Women's Pavilion of the ASSMCA: First and foremost, there is no balance of medication, therapy, and other strategies for reaching rehabilitation goals; in fact, therapy as a means of rehabilitation is underutilized. Second, the participants of the rehabilitation programs are not encouraged to use their free time constructively; thus, most of them use it badly. These deficiencies, as identified by Mónica, are in agreement with the fact that, in Puerto Rico, current public policy regarding drugs emphasizes diminishing overall movement. The bulk of governmental resources are concentrated on interdictions and seizures. For that reason, prevention and rehabilitation are still lacking. This fact is especially lamentable when one considers the following: 1. Just over 96% of the women currently incarcerated use a (or a variety of) controlled substance (Office for the Control of Drugs, Puerto Rico, 2002); and, 2. Sixty-three percent of the inmates require services related to their cocaine and/or heroin addictions (Colón, Robles, Cabassa, & López, 2001).

In its current anti-drug strategy, the government of Puerto Rico has pushed prevention and rehabilitation into second place, which fact means that vulnerable populations are maintained in a constant state of risk. The women in this study are not inherently criminal. The fact that they chose to commit crimes can be seen as a by product of the drug life that they inhabited; with adequate institutional resources, there

is no reason to assume that they could not become productive members of society. In María's own words they need: "Treatment, treatment, treatment—until you see reality."

5.1.6 Hispanic Cultural Values Positively and Negatively Affect the Rehabilitation of the Women [in the study]

The gender roles assigned to men and women are deeply rooted in the Puerto Rican culture and when not carried out as expected can result in victimization, rejection, and the negation (or withdrawal) of support during times of difficulty. In this study, it was found that the participants were, at some point in their lives, singled out by society for not complying with the roles that were assigned them. The interviewees admitted that they had offended others, abandoned their children, and prostituted themselves; actions for which they were severely judged.

The fact of their addiction caused them to feel disadvantaged before men, allowing them to be severely victimized.

In Lara's words, "... for a woman 'crías fama y acuéstate a dormir' (*First impressions last a long time.*), but for a man, no."

Michael, who had been a victim of domestic violence before becoming involved with drugs, signaled that after becoming an addict, she continued to allow her partners to denigrate her, insult her, and humiliate her. Worse than that, she had allowed one of her partners to act with aggression toward one of her children. Her addiction provoked in her a terrible feeling of powerlessness, causing her to comment, "When you're in this situation, you don't even have a seat at the table." This kind of experience of feminine victimization has previously been identified as a common one among women with problems of addiction (Richie, 2000).

One of the most significant roles attributed to the feminine figure is that of mother. Of the 15 participants, 13 are mothers. These 13 women had lost—at least temporarily—custody of their children because of their immersion in the world of drugs—an experience that profoundly marked their lives. Estefanía commented, “The woman who’s a mother, God sent us to the world, and it wasn’t for that [to use drugs], you know...”

Nevertheless, the study participants harbored the hope of one day recovering their children—if they could get off drugs. The mothers in the study identified the possibility of their being reunited with their children as being one of the primary motivations for their rehabilitation. The clearest voice on the subject is Estefanía, who commented:

“I ask God for courage, and what gives me strength [for my rehabilitation] is thinking of my daughter; thinking that, one day my mother is going to die and that my daughter shouldn’t have to suffer two losses. It isn’t fair; my daughter is only four years old.”

In the Puerto Rican culture, there also exists a tremendous sense of family solidarity; it has pressured the families of the respondents into aiding them in some way during their rehabilitation. This aid has consisted of caring for one or more of the children of the young participants, participating in family interventions, and, in some cases, lending economic support.

5.2 Conclusions

In comparison with men, it was found that young women have a greater propensity to be victims of exclusion, poverty, violence, sexual abuse, and disparities in wages and in health services, as well as other social ills. These experiences of victimization augment the possibility that a young woman will begin using controlled substances,—such as cocaine or heroin,—as well as increasing the likelihood of her breaking the law. Nevertheless, it is important to understand how drug addiction is experienced in different cultures. This study attempts to answer the following question: What are the common life experiences (e.g., specific problems, personal/social characteristics, factors contributing to drug use) of young (between the ages of 18 and 35), female cocaine and/or heroin users who live the San Juan metropolitan area?

5.2.1 Sub- Research Questions

1) How are females' life experiences affected by their cocaine and/or heroin use?

In the fourth chapter, the words of the young participants themselves were used to describe their lives. All of the respondents had traumatic childhoods; they all survived such experiences as domestic violence, growing up in a dysfunctional family, physical mistreatment, sexual abuse, drug and/or alcohol abuse by their immediate family members, and poverty. According to the interviewees, these incidents contributed to both their low self-esteem and feelings of depression. When confronted by all of the difficulties they went through in their childhoods and early youth, they turned to and found a tremendous support network in their friends. Unfortunately, it was with their friends that they began using drugs as a mechanism of escape. As a result, all

of these women have experimented with more than one drug; all have had problems with the authorities due to their addictions.

2) What problems do these women face as a result of their cocaine and/or heroin use?

As a consequence of their addictions, the subjects have had multiple complications that range from cultural conflicts to legal difficulties. In addition, the participants feel that society has condemned and discriminated against them.

Referring to the way people in the street treat her, Verónica commented, “There are no bad people; it’s that they get disgusted with you.”

Because of their risky lifestyles, the study participants endangered their physical health, a situation that resulted in María’s acquisition of HIV.

Drug addiction exacts a heavy toll on the family, as well. The participants who are mothers lost,—at least temporarily,—the custody of their children.

The majority of the young women interviewed (13) resorted to a variety of illegal activities in order to support their addictions: nine of them became drug dealers, six turned to prostitution, five began to steal, and one sold weapons; Aixa, together with her fellow users, became involved in an attempted murder. It was not uncommon for them each of these women to be involved in several, simultaneous criminal activities.

3) How do the participants perceive the effects of cocaine and/or heroin use on their lives?

The participants felt unhappy with themselves when faced with the facts of their drug use. They clearly indicated that their consumption of cocaine and/or heroin, and their actions in general, did not correspond to what they perceived to be the expected

roles of a woman in society, in that, each had been taught that a woman is supposed to take responsibility for her home and children.

Elsa stated that at the beginning of her addiction, she thought that she would be able to control it. When she began to realize that she was mistaken, she felt “super bad”; she felt worthless, that she wasn’t good for anything. Ana said that she felt like a “whore”, and Iris indicated that being an addict had caused her self-esteem to plummet, and in addition, she felt like no one cared about her.

Another feeling shared by the majority of the participants who were mothers was one of guilt; they felt guilty for being bad examples to their children. Because, commented Jessenia, her addiction didn’t allow her to function as a mother ought to function.

4) What barriers are identified by young female cocaine and/or heroin users as those that obstruct resilient behaviors?

The present study demonstrates that women participants, who use cocaine and/or heroin and who reside in the San Juan (PR) metropolitan area, have endured some very difficult moments in their lives—moments that have provoked in them the desire to escape from reality. It was found that these women took refuge among friends and that drugs were a strong element in their friendships. Nevertheless, the young women realized that their already problematic lives became even more complicated as a result of their addictions. But what were the elements that impeded their rehabilitation?

Ana commented:

“The worst obstacle is that drugs are stronger than you are, because even though you say *I want to change, I want to get clean*, drugs keep following you. And you try to change; they [social workers] find you homes, you leave the homes, you get high. ... It’s as if they [drugs] call you, and because you like them, you do more.”

This Estefanía summed up as weakness and little will. Aixa put it thus: You have to learn to say “no” and not hang with the same kind of people; it isn’t easy.

In addition, one must take into consideration the fact that because women create drug dependencies more rapidly than men (National Center on Addiction and Substance Abuse at Columbia University, 2003), addiction to substances like cocaine and heroin is a complex problem for them. And in many cases, the circumstances that led the participants and women like them to use drugs remain present in their lives.

5) What potential resiliency factors do these women identify in their lives?

All of our interviewees expressed a strong desire to retake the reins of their lives, and during the investigative process, we identified in them a series of resiliency factors that could contribute to their doing so; these factors were: faith in oneself, the desire to rehabilitate, spirituality, and family support.

Aixa indicated that one particular strength that is helping her in the rehabilitative process is her belief in herself. Mónica and Elsa identified this strength as well and called it “self-love”. Alternately, Michael indicated that she wanted to rehabilitate in

order to “take my life—and the lives of my children—into my own hands.”

Enthusiastically, Nair commented the following:

“It’s that I’m going to make a [new] life; I want a professional job. What keeps me going is the vision that ‘one day’ [spoken in English], I’m going to do something really great.”

The participants who were mothers coincided in stating that they wanted to quit drugs for their kids. In addition, they agreed that their families were a tremendous support—for having assumed the responsibility of raising their children. “In an illustration of the first of the three “resiliency factors”, Aixa made this statement: “One thing that is really helping me in my rehabilitation is the belief that I can really do it.” Mónica and Elsa echo that sentiment, using the term “self-love”

5.3 Implications

Because this was a qualitative investigation, the participants were encouraged to use their own “language” (i.e., slang) when discussing each theme. This opportunity permitted the participants to feel comfortable and to communicate their thoughts without restrictions. Each participant took the risk of discussing significant and painful aspects of their lives with the investigator. This openness between the investigator and the participants allowed for a clearer understanding of specific aspects of the problem of addiction to cocaine and/or heroin in the target population; knowledge that is necessary for the development of adequate public policies to combat the problem of drug addiction in women.

The present study was able to identify a series of common experiences in the lives of the participants, having a traumatic childhood, having a close family member who was a drug and/or alcohol user/abuser, having friends who used drugs, experimenting with various drugs, and having problems with the authorities related to drug use. The majority of the participants are mothers, and they felt guilty for the examples they set for their children. According to the young women interviewed, these experiences resulted in their being rejected by Puerto Rican society, as well as contributing to their low self-esteem and a generalized sense of depression.

The study also allowed us to identify a series of protective factors related to the group studied, these were: faith in oneself, the desire to take control of one's life, spirituality, and the ability to reconnect with and receive the support of one's family.

While the tremendous desire to get off drugs was identified in the participants, they all considered that the resources for reaching that goal were lacking; these resources, it was felt, should be provided by different sectors of society. The family institution and the public and private sectors should contribute to the creation of a society that encourages rehabilitation; that there is a frustrating lack of this form of encouragement is a belief made clear by María's statement:

"So, when I leave, there I'll be, in my house, helping my mom; I won't be able to anything more—live on welfare. Because I have two convictions that won't be erased for 10 years."

Due to her being an ex-convict, it will be difficult for María to find employment, a situation, which, again, puts her at a social disadvantage as well as increasing her risk

of relapsing into her former drug-abusing behavior. Lamentably, existing data show that the number of women who have been convicted of drug-related crimes has skyrocketed in the last decade, while the efforts for attending to this reality are scarce (Amnesty International, 1999). The picture presented here of the feminine reality has caused important authors to opine that the war against drugs is, in reality, a war against women (Covington & Bloom, 2003; Amnesty International, 1999). It is vital that policies of prevention and rehabilitation be established. Further, these policies must be oriented as to sex and age group. What must be considered is this,; if the number of women addicts of reproductive age continues to augment, other social ills (such as abuse, negligence, HIV, and dependence on the government, to mention only a few) will also increase.

This effort reflects the professional opinions of social workers on the problem of addiction in young women living in the (San Juan, PR) metropolitan area. The information provided by this work reveals that the lives of women who have problems with addiction (and the lives of their children) are at risk. For this reason, it is imperative the professional social workers become a voice that can interpret the behavior of these women,—not to judge them, but to help them; in this way, society will be induced to take action. In addition, it is incumbent upon the government to employ the knowledge acquired by this and other studies in the formation of policies and programs that are sensitive to the problem of drug addiction in women; prevention and rehabilitation must be the first point of action in the fight against this overwhelming problem, assuming, of course, that its eradication is desired.

5.4 Recommendations

This section will present a series of recommendations based on the research findings. Basically three areas were considered: future research, policy making and rehabilitation programs functioning.

First, the results of this investigation reveal the importance of future research in relation to the rehabilitation (resilience) of the women with problems of addiction to cocaine and/or heroin in Puerto Rico. It is vital to continue identifying both risk and protective factors in this population. Additionally, it is necessary to become familiar with other situations that may be happening in the lives of these women that negatively affect their rehabilitation (for example, mental health problems). The process of rehabilitation is generally best accomplished in a formal setting such as a rehabilitation program. For that reason, an investigation comparing the different models of intervention utilized in Puerto Rico is merited. Research into the effectiveness of these models in regards to women of reproductive age with problems of cocaine and/or heroin addiction is also warranted. In this way, it will be possible to identify those structural elements that either propitiate or impede rehabilitation.

Second, this study has important policy considerations. The collected data make obvious the necessity of establishing a public policy dealing with the problem of drug addiction in young women. The majority of the participants were initiated in the drugs at an early age with their friends. For this reason it is important to structure community programs that focus on the prevention of young female drug use. These programs need to be widespread in all of the communities of the Metropolitan area, because the data

reveal that the problem of drug use exists in the different social strata. In this line, the educational system has a great responsibility in the prevention and intervention efforts. It is necessary to create in the schools, mechanisms that help to identify and refer for intervention females at high risk of drug use. All school personnel at school should be trained for identify young females risk factors and refer these young females to school social workers. Recommended community and school programs need to the following research findings respecting the female drug users of cocaine and heroin use:

- They were survivors of traumatic life experiences
- They have dysfunctional families of origin
- The majority of the participants came from communities in which there were complex problems, few opportunities, and high drug exposure
- They could developing a criminal life linked to addiction
- Hispanic cultural values influence the behavior of these young women

Third, more treatment opportunities in the rehabilitation programs are necessary because although the faith in one self, the desire to rehabilitate, spirituality, family support and the love of their children are potential protective factors there needs to be other elements to get out of the cycle of drug use. The rehabilitation programs need more and highly skilled personnel, opportunities for professional development workshops and activities to help the participants. As well as the overall rehabilitation process, intervention programs based gender and drug of preference of the participant must be developed. It is necessary build up interventions programs with the resources that provide the young female additional assistance in her integration to the society.

Programs should also including family therapy because as found in this research, the families of these woman were dysfunctional but at the same time were one of the protective factors that these females identify. This supports Puerto Rican culture in the importance of family. Another element that policy makers have to consider at the time of developing intervention programs are policies that promote the integration of females with cocaine and heroin use problems to the labor world. Without adequate income from employment, these women often resort to criminal activity to meet their basic needs and support their drug use. At this time it is important to develop programs that address the issues of females like María who said:

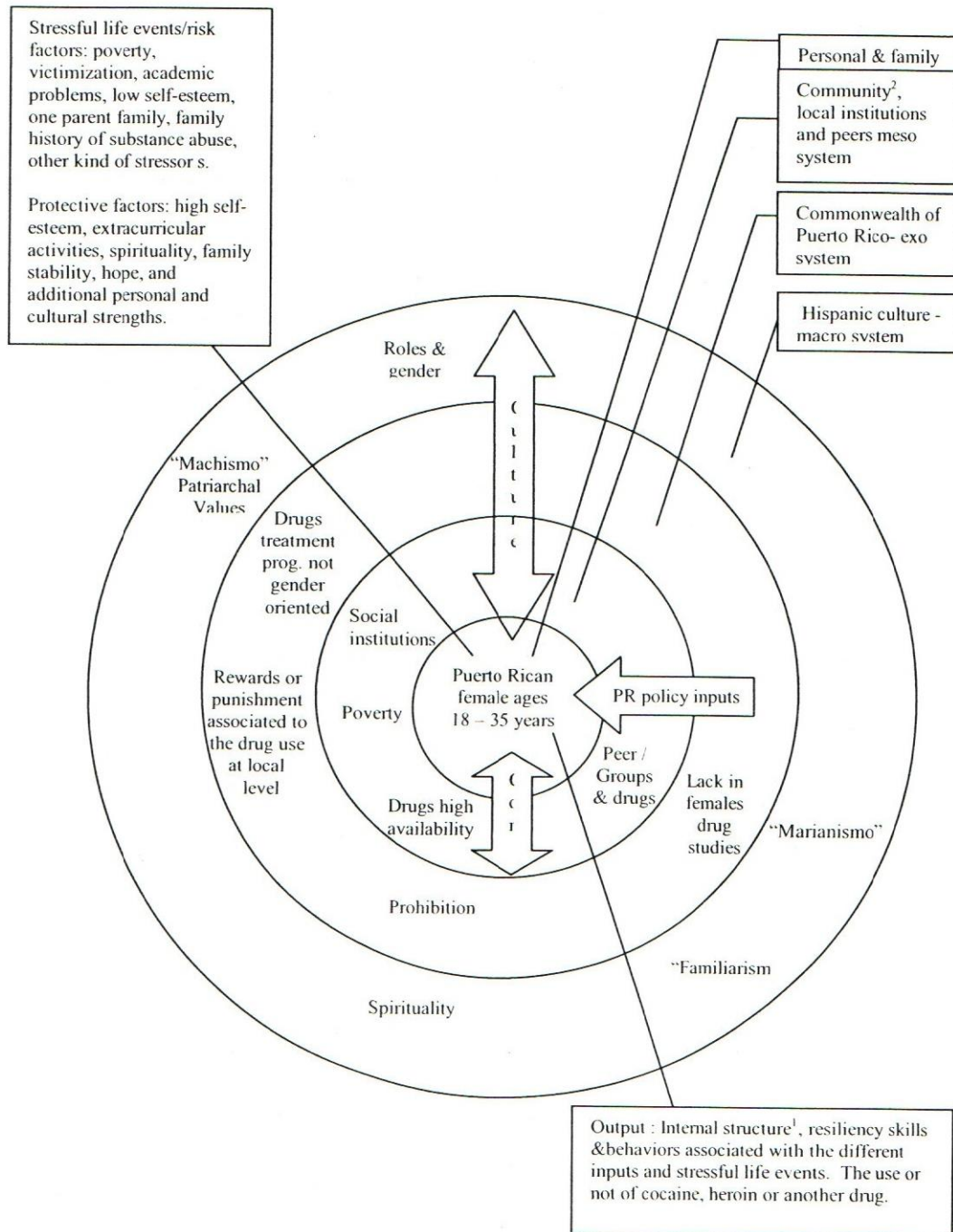
“Sicknesses... I have HIV, because, because of drugs... because I used syringes—it wasn’t from sex. So... umm, we lose ourselves, we see ourselves fall, our self-esteem on the floor. Then, after the treatment, problems. Because to find a job, now I need a bunch of stuff. Because I have three convictions, and this one is the only one that’ll be erased. And the other two, what? They’ll stay there; there’s nothing I can do, nothing. So, when I leave, there I’ll be, in my house, helping my mom; I won’t be able to anything more—live on welfare.”

Definitely to be successful in this fight, the governmental effort must be supported by the rest of the Puerto Rican society. There must be a universal commitment to give these women another opportunity; especially those who have successfully rehabilitated themselves and who wish to reintegrate themselves into

society. The women who are coping with such addictions should be rehabilitated instead of criminalized. For that reason, the role of the government and other sectors is crucial.

APPENDIX A
THEORETICAL FRAMEWORK

Theoretical Framework



¹Hispanic culture norms, values, belief, gender roles and attitudes attach to the use of cocaine and heroin.

²Community general characteristics, norms, availability of cocaine, heroin and other drugs and other kind of risks.

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BIOGRAPHICAL INFORMATION

Social work is a discipline that pays special attention to society's needs. The author experiences as a Puerto Rican social worker in domestic violence prevention and community organizing allowed her to understand that not all interventions provided absolute solutions to social problems. To resolve social problems is also important to have efficient social policies. This reflection convinced Waleska for continue her graduate studies at the Dual Ph.D. Degree Program of Social Work with Specialization in International Comparative Social Welfare Policy at the University of Texas at Arlington and Universidad Autónoma de Nuevo León, México.

With the present research the author intends to further the knowledge of female youth drugs usage to develop effective intervention and prevention strategies in Puerto Rico. Other professional goals of the author were teach social work courses related to policy advocacy, community intervention and youths and other oppressed groups.